Mississippi's Part C
State Performance Plan
2005-2010

First Steps

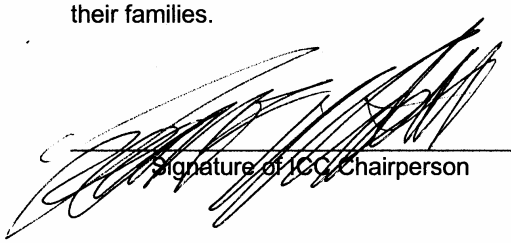
Mississippi Department of Health
Office of Health Services
Bureau of Child and Adolescent Health
Early Intervention Division

Revised April 3, 2009

INTERAGENCY COORDINATING COUNCIL
CERTIFICATION OF ANNUAL REPORT

On behalf of the Interagency Coordinating Council (ICC) of Mississippi, I certify that the ICC agrees/~~disagrees~~ (*) with the information in the State's Annual Performance Report for Federal Fiscal Year 2005. The ICC understands that 34 CFR §80.40, of the Education Department General Administrative Regulations, requires that the lead agency prepare an Annual Performance Report containing information about the activities and accomplishments of the grant period, as well as how funds were spent. The ICC has reviewed the Report for completeness of its contents and accuracy.

We submit this Report in fulfillment of our obligation under Section 641(e) of the Individuals with Disabilities Education Act to submit an annual report to the Secretary and to the Governor on the status of the State's early intervention program for infants and toddlers with disabilities and their families.



Signature of ICC Chairperson

January 20, 2006
Date

(*) The Council may submit additional comments related to the Lead Agency's Annual Performance Report and append comments to the Report.

Overview of Part C in Mississippi

The Mississippi Department of Health (MDH) is the designated Lead Agency for the state's early intervention system established under Part C of the Individuals with Disabilities Education Act. First Steps, Mississippi's early intervention program, is administered through nine Public Health Districts throughout the state. Through the nine offices, children and families in every county in Mississippi can access early intervention supports and services. Funds are distributed to these public health district offices annually to coincide with the state fiscal year (July 1-June 30) to ensure statewide implementation of the Part C Early Intervention Program. District Administrators supervise District Coordinators, who are primarily responsible for administering the district early intervention program. District Coordinators supervise Service Coordinators, who are employed or contracted specifically to perform the duties of service coordination. Contracts are executed at the district and state level for services, including evaluation, assessment, Individualized Family Service Plan (IFSP) development, and services to children and families. State and private agencies provide services funded through Part C monies, state funding sources, Medicaid, and insurance.

Department of Health Central Office personnel, who perform the functions of overview, guidance, support, monitoring, training and technical assistance to the public health districts, include the Part C Coordinator, two Branch Directors, the Data Manager, one Operations Management Analysts Senior, and an Administrative Assistant. Contractual staff reporting to the Central Office includes three Quality Monitors who have been instrumental in facilitating change, a technical assistance provider, a data entry clerk, and a parent liaison. Early intervention supports and services are provided in accordance with Part C statute and regulations, and state policies and standards.

The Early Hearing Detection and Intervention Program in Mississippi (EHDI-M) is housed in the Mississippi Department of Health Central Office, with the Part C Coordinator acting as Project Director for EHDI-M. One Hearing Screening Coordinator collects data from the hospitals. One Diagnostic/Intervention Coordinator collects information from Audiologists. Both coordinators provide relevant information to seven Hearing Resource Consultants (HRCs), who provide consultative services to families of children with hearing loss. More than 98% of all infants born in Mississippi hospitals are screened, with results reported to the EHDI-M office. Infants who do not pass both newborn hearing screens are brought back to the hospital for a third screen following discharge. Infants who fail the third screen are referred for an Audiology follow-up. The HRCs start working with families soon after failure of the third screen. Infants and toddlers who are diagnosed with a hearing loss are referred to First Steps.

District Coordinators, Service Coordinators, Service Providers, Quality Monitors, and Central Office Staff have participated in several trainings that emphasized play-based assessment and transdisciplinary practices. District, regional and statewide meetings are used to disseminate information, to explain changes, and to provide a forum for stakeholders to ask questions and problem solve. A statewide meeting in December 2005 was used as a forum to update stakeholders on the state of early intervention in Mississippi. Approximately ninety individuals representing diverse interests attended that meeting. The SPP process was explained in depth at the December meeting. Mississippi has been under an Improvement Plan since July 2005 to address long-standing non-compliance. Progress on the Improvement Plan was discussed, along with plans for further improvement.

Hurricane Katrina struck Mississippi on August 29, 2005. District IX, the six southern counties, was most significantly impacted. About one-third of the state suffered tremendous property damage and substantial damage to the infrastructure. The coast is still very much in recovery mode. Staff from OSEP was in Mississippi in November 2005 to access Mississippi's needs as a result of Hurricane Katrina, and to evaluate our performance on the Improvement Plan. Because of Hurricane Katrina, paper records, computers, and electronically recorded data were lost in the coastal region. The FFY 2005 data reflect those losses. Starting in July 2005, the First Steps Information System (FSIS) was moved to a centralized system, so data are stored on a server in the Central Office in Jackson. Districts were in the process of "moving" data from the old system, which required saving data on computers and on disks, and importing and exporting data, when the hurricane struck.

District IX, the coastal region, is working to "recreate" electronic and paper data using provider records that were not lost, and data that had been previously supplied to the Central Office. Although raw data were certainly affected, it appears that the percentages for the state are accurate reflections of the system as a whole. Prior to the storm, District IX was one of the most densely populated districts in Mississippi. There were two pilot projects using promising collaborative partnerships with Part B and Department of Mental Health (DMH). Losses to all programs in District IX impacted not only the district, but progress throughout the state. The most significant impact was personal—affecting the lives of children, families, providers and EI staff. According to the State Demographer, based on research done in Florida, it could take five to ten years for the population to return to pre-storm numbers and for the infrastructure to recover.

Overview of State Performance Plan Development

Due to the effects of Hurricane Katrina, Mississippi was given an extension for submission of the SPP. Originally due on December 2, 2005, the SPP deadline was extended to January 30, 2006. On October 25-26, 2005, thirty-one stakeholders representing diverse interests were invited to participate in the development of the framework of Mississippi's State Performance Plan. Represented were parents and family members, advocates, service coordinators, service providers, district coordinators, monitors, technical assistance and training staff, university training personnel, staff from other state agencies (including Mental Health and the 619 Coordinator from Part B), Comprehensive System of Personnel Development (CSPD) committee members, and Central Office staff, including OMAS, Branch Directors, the Data Manager, and the Part C Coordinator. The makeup of the group reflected geographic, gender, age, and ethnic diversity. Also attending was Betsy Ayankoya, a Technical Assistant from the National Early Childhood Technical Assistance Center (NECTAC), who provided on-site technical assistance for the group.

All invited participants attended the retreat and were active in the process of providing an overview or description of the issue, process, or system; identifying areas in need of improvement; describing activities and strategies for improvement; and setting measurable and rigorous targets. A survey of the stakeholders indicated that the majority of participants felt that the process helped them to better understand the system of early intervention, to contribute to the future of the program, and to have their voice heard.

Once Central Office staff compiled the information from the stakeholder's meeting, draft versions of the SPP were shared through email distribution with an even wider group of stakeholders, including Department of Health personnel and the members of the SICC. Review and feedback were requested. The State Interagency Coordinating Council met on January 20, 2006, to review the SPP and to make additional recommendations. Recommendations received from contributing stakeholders were incorporated into the final SPP. The final version of the SPP will be disseminated electronically for distribution throughout the state. It will also be posted to the Mississippi Department of Health's website. In the future the Annual Performance Reports and results of monitoring will be posted to the website. Reports will specify the performance of individual districts, including data disaggregated by indicator.

Currently the state is designated as a "high risk grantee," and is working to improve performance and compliance on several indicators and other requirements of the grant. Five performance and compliance indicators being reported on a monthly Progress Report Card include "Number of New IFSPs (Child Find)," "45-Day Timeline," "Timely Provision of Services," "Natural Environment," and "Timely and Accurate Data." Significant improvements have been made in most areas. For the SPP, FFY 2004 data (July 1, 2004 through June 30, 2005) are reported; however, the discussion of the baseline data includes the latest data from the Improvement Plan Report Card (July 1, 2005 through December 31, 2005). Measurable and Rigorous Targets were set considering both the FFY 2005 baseline data and the current data from the Improvement Plan. Stakeholders considered the activities and strategies developed for the Improvement Plan in writing the SPP.

Procedures and tools for a system of Focused Monitoring will be written by the end of March and should be available for OSEP's review on April 14, 2006, along with results of the Improvement Plan. A

schedule for Monitoring visits has already been projected, based on the current data for each district. Monitoring visits will begin in May 2006. All districts will be monitored within the current federal fiscal year. Information regarding monitoring activities and findings in each District are published as part of the APR. Reports for each District are available upon request.

Mississippi's Part C State Performance Plan for 2005-2010

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 USC 1416(a)(3)(A) and 1442)

Measurement:

Percent = # of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner divided by the total # of infants and toddlers with IFSPs times 100.

Account for untimely receipt of services.

Overview of Issue/Description of System or Process:

1. Current training opportunities include research-based practices for multidisciplinary and transdisciplinary teams for evaluation and assessment; IFSP development; service delivery; data collection and analysis; general supervision system; laws and regulations; and the SPP/APR requirements.

2. Fields have been added to the First Steps Information System (FSIS) to capture information regarding timely provision of services in accordance with the newly adopted state definition.

3. The First Steps Early Intervention Program Standards and Procedures, Revised May 2001, Section 7.42, require that the IFSP include the projected dates of initiation of the services listed under early intervention services (to begin as soon as possible after the IFSP meeting), and the anticipated duration of those services. The service coordinator manual directs the Service Coordinator (SC) to include the following: "When will we start? How often? How long? Where will it be done? – Enter actual start date of service. Enter how many times a week service will be provided. Enter how many minutes each session will last. Enter where service will be provided." The Service Provider Report includes this information as well. Attempting to quantify "timely" for the reporting requirement of the Improvement Plan, we identified a need to define timely provision of services, to train on service delivery practices and models, and to address the appropriate use of multidisciplinary and transdisciplinary teams for evaluation/assessment, IFSP development, and service delivery.

4. Locating service providers willing to serve infants and toddlers in natural settings is a challenge in several health districts.

5. In areas where individual providers conduct discipline-specific evaluations, write discipline-specific reports, and make discipline-specific recommendations in isolation from other team members, there is not a true team approach that looks at children and families holistically.

   Resulting problems include:

   a. Recommending discipline-specific services that are not integrated and coordinated;

   b. Failure to write goals and outcomes or to identify all supports and services necessary to enhance the family's capacity to meet the developmental needs of the infant or toddler;

   c. Offering services to families in other settings when natural settings are appropriate and available. Many providers use a medical model for evaluations and service provision and

provide child-centered, direct therapies versus family-centered services that incorporate routines to achieve functional outcomes. Some of our current services address each area of development in isolation from other services (multidisciplinary vs. transdisciplinary);

d. Scheduling services when and how often the provider is available, or as dictated by Medicaid billing allowances, rather than as indicated on the IFSP and in consideration of the children/families' priorities, resources, concerns, and routines; and

e. Creating a waiting list for therapy rather than referring to other providers.

6. Many agencies serving multiple health districts/counties do not offer a variety of services in each of the geographic regions they serve.

7. Medicaid Issues:

   a. Waiting for the Treatment Authorization Number (TAN) from Medicaid delays the initial provision of services or continuation of services for some infants and toddlers.

   b. Medicaid Policies do not allow for multiple providers in a coaching/consultation model to bill for each visit. This affects use of coaching, consultation, and other teaming activities.

   c. Travel (time or mileage) is not reimbursed.

   d. Medicaid determines eligibility for reimbursement on "medical necessity" and rehabilitation vs. developmental appropriateness.

8. Hospitalizations (e.g., NICU), illness and family scheduling issues impact timely provision of initial services. The stakeholder input on October 25-26, 2005, included the need to identify examples of acceptable justifications for delays and to develop a method for qualifying and quantifying justifications in FSIS.

9. Use of a Primary Service Provider (PSP) as coach model, when appropriate to meet the infant or toddler's (and family's) unique needs, has been a topic in training and is used in some districts. Its use has been limited in most of the health districts. The PSP as coach model focuses on coaching of the identified learners as the primary intervention strategy to implement jointly-developed, functional, discipline-free IFSP outcomes in natural settings with ongoing coaching and support from other team members. The discipline of the chosen PSP(s) is based on the IFSP outcomes, relationships with the learners, and expertise in the areas of support needed by the learners. When implemented appropriately, the model has been well-accepted by families.

10. Indicators, including Child Find, timely provision of services, services in natural environments, 45-day timelines, and accurate and timely data, are being monitored and reported on the monthly Progress Report Card. Statewide improvements were noted for July through November 2005 with some slippage in December.

Baseline Data for FFY 2004 (2004-2005):

Of the 1213 initial IFSPs developed in FFY 2004 (2004-2005), 877 (72%) received their first service in thirty days or less; 336 (28%) received their first service in more than 30 days. All data reported for this indicator were obtained from the FSIS database.

Discussion of Baseline Data:

FFY 2004-2005 data used for the baseline are for timely provision of the first service initiated following initial IFSP development. In the past, the database was not configured to capture information about initiation of all services. The data system simply calculated how long it took for the initial service to begin. The data system has been changed, and since July 1, 2005, dates for initiation of all services are being captured.

The data from July 1-December 31, 2005, indicated that 83% of all services began in thirty days or less after development of the initial IFSP; 9% of services began in 31- 45 days; 3% of services began in 46-60 days; and 6% of services began after 60 days. The state did not have a definition

for "timely provision of services" before writing the SPP. The new definition of "timely provision of services" is "within 30 days of the projected initiation date as indicated on the IFSP."

This definition was not approved by OSEP. The new definition is "'within thirty days of the parent giving permission for the proposed service,' unless the team proposes an initiation date of greater than 30 days for developmental and/or therapeutic reasons. If the proposed initiation date is greater than 30 days from the date the parent gives permission for the service, timely is defined as 'starting on or before the proposed initiation date.'"

Anecdotal reasons most frequently given for failure to initiate services in a timely manner are related to service provider availability. However, there is no field in the data system to enter justifications for this indicator. Therefore, for reporting purposes, justifications could not be quantified. For the data to be reported in February 2007, quantification will be accomplished by adding a field in the database to enter each justification and to qualify and quantify justifications for reporting purposes.

FFY	Measurable and Rigorous Targets for Indicator 1:
2005 **(2005-2006)**	**100%** of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.
2006 **(2006-2007)**	**100%** of infants and toddlers with IFSPs will receive early intervention services on their IFSPs in a timely manner.
2007 **(2007-2008)**	**100%** of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.
2008 **(2008-2009)**	**100%** of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.
2009 **(2009-2010)**	**100%** of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.
2010 **(2010-2011)**	**100%** of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.

Improvement Activities/Timelines/Resources:

Activities to commence in the second half of FFY 2005 (2005-2006)

1. Require the use of this definition of timely provision of services statewide:
    a. If a later date is specified,
        i) It cannot be for the primary service(s);
        ii) The reason(s) for the later date(s) must be stated in writing; and
        iii) The reason(s) for the later date(s) must be based on the child and family's unique needs (e.g. bi-annual hearing follow-ups for children with hearing impairments).

b. The additional service(s) with a later initiation date(s) must begin by the initiation date(s) specified on the IFSP for the specific service(s). (See new definition on page 6.)

2. Add fields in the data system to:
    a. Capture justifications and
    b. Qualify each justification (e.g. family reasons, provider reasons, MDH staff reasons), which will aid in quantification and program management and improvement.
    c. Capture information about timely provision of services following IFSP revision.
3. Determine eligibility, write an IFSP, and begin service coordination for families of infants in the Neonatal Intensive Care Unit (NICU) while the infant is still hospitalized. First Steps has a contract with the University of Mississippi Medical Center (UMC) to provide services to hospitalized infants and toddlers. At Forrest General Hospital (FGH) in Hattiesburg, a Service Coordinator is being assigned to work with families and developmental/educational personnel employed by USM/IDS who provide services to babies in the FGH NICU.
4. Explore options for addressing financial issues (e.g. using the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program within Medicaid to fund EI services for Medicaid recipients).
5. Enter into contracts [with state and federal funds and revenue generated from Medicaid through Targeted Case Management (TCM)] to staff early intervention teams in every district. Collaborate with other agencies and utilize providers with the necessary expertise to develop early intervention teams that will:
    a. Conduct comprehensive multidisciplinary evaluations and assessments, including measuring outcomes;
    b. Serve on IFSP teams;
    c. Provide technical assistance and training to Department of Health EI staff and other providers;
    d. Provide coaching and consultation to families and providers;
    e. Provide other EI services in natural settings and in a timely manner when other providers are unavailable; and
    f. Monitor their districts on an ongoing basis and other districts during focus monitoring activities.
6. Improve services to infants/toddlers and their families by:
    a. Providing service coordinators with training and materials to enable them to:
        i) Explain the benefits of services in natural settings to parents and service providers;
        ii) Conduct family assessments that lead to writing effective outcome statements considering priorities, resources, concerns, and routines; and
        iii) Advocate for the infants, toddlers, and families they serve.
    b. Presenting research to referral sources and providers on the benefits of implementing family-centered services in natural settings incorporating routines.
7. Provide training on:
    a. The State's definition of "timely provision of services" and activities to achieve the goal,
    b. Service delivery models incorporating best practices that support the provision of early intervention services in natural settings, and
    c. Minimum Standards and best practices for Service Coordination.

8. Add “alerts” in the First Steps Information System (FSIS) to remind Service Coordinators (SC) of service initiation timelines.
9. Implement a Primary Service Provider (PSP) as coach model when appropriate to meet the unique needs of the child and family that will lead to timely provision of services, emphasize relationships, empower families to help their children learn and develop, and improve outcomes.
10. Utilize national resources for technical assistance (including OSEP, NECTAC and SERRC) to arrange for high quality training within the state to address the best practice issues.
11. Utilize stakeholders with expertise in each of the above areas to provide training and technical assistance to other stakeholders.
12. Recruit and retain providers who provide services in natural settings.
13. Continue to issue the Progress Report Card related to the Improvement Plan. Work with districts in reviewing their District Work Plans, revising goals, planning and carrying out activities and strategies, identifying resources, and holding people accountable.

Activities to commence in FFY 2006 (2006-2007)

1. Evaluate the effectiveness of the above activities and make necessary changes. Utilize broad stakeholder input in this process.
2. Contract with providers willing to implement activities of the SPP and State/District Improvement Plans.
3. Provide training:
    a. On the new requirements of IDEA’04 and
    b. To new EI team members on a continual basis to increase the number of effective and efficient teams, addressing inevitable turnover of staff and new findings regarding best practices.
4. Begin revision of the policies and procedures to address changes in IDEA’04 utilizing broad stakeholder input as soon as the final regulations are available.
5. The Service Coordinator manual and necessary forms will be revised to support the changes.
6. The definition of “timely “ was changed to “within thirty days of the parent giving permission for the proposed service, unless the team (including the parent) proposes an initiation date of greater than 30 days for developmental and/or therapeutic reasons. If the proposed initiation date is greater than 30 days from the date the parent gives permission for the service, timely is defined as ‘starting on or before the proposed initiation date.” This revised definition was accepted
    a. If a later date is specified,
        i) It cannot be for the primary service(s);
        ii) The reason(s) for the later date(s) must be stated in writing; and
        iii) The reason(s) for the later date(s) must be based on the child and family’s unique needs (e.g. bi-annual hearing follow-ups for children with hearing impairments).”
2. Training and technical assistance will be provided regarding this new definition.
3. Monitoring activities will include determining whether districts were meeting the timelines for “Timely Provision of Services.”

Revisions, <u>with Justification</u>, to Proposed Targets / Improvement Activities / Timelines / Resources for *(*2007-2008)

light pink	Completed
light orange	Continuing
light blue	Revised
light green	New

The tables also include a reference to the improvement category for each activity, as described in the *APR Checklist: Part C State Annual Performance Report*. The improvement categories are:

A. Improving data collection and reporting
B. Improving systems administration and monitoring
C. Providing training/professional development
D. Providing technical assistance
E. Clarifying/developing policies and procedures
F. Program development
G. Collaboration/coordination
H. Evaluation
I. Increasing/adjusting FTE
J. Other

SC = Service Coordinator
DC = District Coordinator
C.O. staff = Central Office staff , which includes Part C Coordinator, Branch Director, Quality Monitors, and other central office personnel assisting with particular activities.

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	Definition of "timely services"			
A, E	1. The definition of "timely" provision of services was changed to "within thirty days of the parent giving permission for the proposed service, unless the team (including the parent) proposes an initiation date of greater than 30 days for developmental and/or therapeutic reasons."	FFY 2006 through FFY2010	Part C Coordinator	Revised in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
A,E,D	2. Additional guidance given to service providers and service coordinators is if the proposed initiation date of service is greater than 30 days, the service must start before or on the expected date of service delivery. This change is due to the need for all providing consultative services to be a part of the IFSP implementation from the beginning of services or a service change. A justification must be documented for any service initiation over 30 days from the date the parent gave permission for the service.	FFY 2007 through FFY2010	SCs, DC	Revised in FFY 2007 Continuing for FFY 2008
D, A	3. Training on data entry	FFY 2006 through	Data manager, DCs, SCs	New in FFY 2006 Continued in FFY 2007

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
		FFY 2010		Continuing in FFY 2008
	Database changes			
A	1. The system was changed to link service provision changes to an IFSP date, allowing for calculations of "timely" by the data system for all children and all services from July 1, 2007, forward.	FFY 2007 through FFY 2010	Data manager, DCs, SCs	Completed in FFY 2007
A	2. In FFY 2008, a justification screen will be added and justifications will be required for all services that do not meet the definition of "timely." Central Office staff will have the capacity to qualify the justification as "EI system problem" or "Family/Child reason."	FFY 2008 through FFY 2010	Data Manager, DCs, SCs	New in FFY 2008
	Provider Recruitment & Training			
F	1. In calendar year 2007, information packets were mailed to SLPs licensed through the Mississippi State Department of Health (MSDH).	FFY 2007	C.O. staff	Completed in FFY 2007
F	2. In FFY 2008, a similar packet will be sent to OTs and PTs. Ads will be developed and published in statewide newspapers in an attempt to recruit therapists into the EIS.	FFY 2008	C.O. staff	New in FFY 2008
F	3. During state fiscal year 2007, the Part C Coordinator requested Human Resources to change therapy rates and structure in an effort to recruit and retain therapists, while managing fiscal resources more effectively.	FFY 2007 through FFY 2008	C.O. staff	Completed in FFY 2007
	Retention & Recruitment of District Staff			
F	1. Service Coordinator positions were realigned from Health Program Specialist to Health Program Specialist Sr., resulting in a ~10% raise.	FFY 2007	C.O. staff	Completed in FFY 2007
F	2. Explore realignment or reclassification of District Coordinators	FFY 2008	C.O. staff District staff	New in FFY 2008
	Policies & Procedures			
E	1. Revision of policies and procedures	FFY 2005		Waiting on the release of the new Part C Regulations
E	2. Revised the Service Coordinator	FFY 2006 through	**Training & T/A :** C.O. staff	Revised in FFY 2007 Continuing in FFY 2008

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	Manual to include changes in the IFSP directions, additional guidance on use of informed clinical opinion in determining eligibility and making recommendations for services, and changes in forms.	FFY 2010		
E	3. New forms and procedures have been developed to aid in fiscal monitoring, data verification, and resource management.	FFY 2007	**Training & T/A** : C.O. staff	Completed in FFY 2007
	Training/TA for staff & providers			
C	1. New service coordinator training was developed. The three day session was shortened to two full days to prevent delays in service coordinator responsibilities. The main content on the third day was IFSP development. IFSP training and follow-up is now provided within the district.	FFY 2006 through FFY 2010	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continuing in FFY 2008
C	2. Significant changes to the format of the IFSP were made in FFY 2006. By FFY 2007, the staff and providers were familiar with the new format. Follow-up training on the IFSP was provided within the district and included writing integrated outcomes and strengthening transition steps and services. IFSP training for new service coordinators and follow-up continue to be provided within the district. The follow-up is individualized and often includes coaching the individual or team prior to the IFSP meeting, facilitating IFSP development within an IFSP meeting (if necessary), and follow-up after the IFSP meeting. IFSP training within the district affords current staff opportunities to enhance their skills.	FFY2006 through FFY 2010	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continuing in FFY 2008
C	3. Training/TA on transdisciplinary play-based assessment	FFY2007 through FFY 2010	C.O. staff	New in FFY 2007 Continuing in FFY 2008
F	4. NECTAC and SERRC will be used to help address best practice issues; such as the PSP model.	FFY 2008 through FFY 2010.	C.O. staff	New in FFY 2008
	SICC			
B,G	1. In August 2006 the SICC requested the Governor to make new	FFY 2007	SICC	Completed in FFY 2007

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	appointments to the SICC.			
B,G,	2. The SERRC technical assistant to this program has offered to assist in planning committee meetings and retreats for a new SICC.	FFY 2008	SICC SERRC	New in FFY 2008

Explanations for activities revised in FFY 2007 and new activities in FFY 2008

Definition of "timely services": Additional guidance given to service providers and service coordinators is if the proposed initiation date of service is greater than 30 days, the service must start before or on the expected date of service delivery. This change is due to the need for all providing consultative services to be a part of the IFSP implementation from the beginning of services or a service change. A justification must be documented for any service initiation over 30 days from the date the parent gave permission for the service.

Database changes: In FFY 2008, a justification screen will be added and justifications will be required for all services that do not meet the definition of "timely." Through the database central office staff will indicate whether the information provided supports a justification "due to exceptional family circumstances" and if more information is needed to make that determination. District staff will be able to access reports that more clearly specify the records needing attention. These changes will facilitate gathering the information, follow-up, and analyzing the justifications.

Provider Recruitment & Training: In FFY 2008, a similar packet will be sent to licensed OTs and PTs. Ads will be developed and published in statewide newspapers in an attempt to recruit therapists into the early intervention system. A similar activity in FFY 2007 generated both referrals and inquiries about SLP positions in FFY 2007.

Retention & Recruitment of District Staff: Exploring realignment or reclassification of district coordinators will begin in FFY 2008. In the past seventeen years, the only raises received were state raises. The alignment that occurred yielded a title but no increase in pay. This activity is needed to retain and recruit staff.

Training/TA for staff & providers necessary to address timely provision of services:
Training/TA on transdisciplinary play-based assessment: Training and coaching in FFY 2007 was done upon request or when general supervision activities indicated the need for training or coaching. In 2008, there will be comprehensive training that supports the activities needed to strengthen our transdisciplinary play-based evaluations and assessments, IFSP development, and providing services using a primary service provider (PSP) model of service delivery. The PSP as coach model focuses on coaching of the identified learners as the primary intervention strategy to implement jointly-developed, functional, discipline-free IFSP outcomes in natural settings with ongoing coaching and support from other team members. The discipline of the chosen PSP(s) is based on the IFSP outcomes, relationships with the learners, and expertise in the areas of support needed by the learners. Implementation of a PSP model will allow us to improve service delivery while maximizing effective use of our resources. The positive impact is being realized in the limited implementation of this model within the state. NECTAC and SERRC are assisting us with this process.

New service coordinator training will continue to be provided in a two-day format with the IFSP training provided separately using a coaching model. Conducting IFSP training and follow-up within the district allows the training and follow-up to be tailored to meet the district's needs.

Two district coordinators are leading the exploration of options to address the paperwork burden of billing Medicaid and insurance for individual contract workers. This requires addressing Medicaid and insurance guidelines, agency policies and procedures, and fiscal issues related to trained clerical staff. Technical assistance to increase timely submission of Certificates of Medical Necessity is being provided by the

quality monitors and includes strategies for establishing relationships with medical providers and pediatricians in their service areas. Medicaid and insurance denials are being addressed by referring providers who are experiencing difficulty to providers who are not experiencing this type of problem. The providers are collaborating and providing technical assistance to each other. Other potential solutions are being explored.

SICC: The SERRC technical assistant to this program has offered to assist in planning committee meetings and retreats for new SICC members. The SICC has many new members and this group has not met outside of the SICC meetings. The SICC needs this activity to train the new members; participate in teambuilding activities; and plan.

Activities to commence in FFY 2009 (2009-2010)

1. Evaluate the effectiveness of the above activities and make necessary changes. Utilize broad stakeholder input in this process.
2. Provide training to address compliance and/or performance issues identified in the Annual Performance Reports and through monitoring activities. This training will be ongoing within each health district through coaching, mentoring, and embedded training/technical assistance.

Activities to commence in FFY 2010 (2010-2011)

1. Evaluate the effectiveness of the above activities in meeting the SPP goals and make necessary changes. Utilize broad stakeholder input in this process
2. Provide training to address compliance and/or performance issues identified in the Annual Performance Reports and through monitoring activities. This training will be ongoing within each health district through coaching, mentoring, and embedded training/technical assistance.

Resources for Activities and Persons Responsible/Accountable

1. Database: C.O. staff, data manager, and FSIS User Group
2. Policy and procedural changes and forms: C.O staff with broad stakeholder input
3. Annual Performance Reporting requirements: C.O. staff, district staff, database, general supervision system including monitoring information, and broad stakeholder input
4. Training and Technical Assistance: C.O. staff, district staff, Early Intervention teams, collaborative efforts with DMH and MDE, national resources [e.g. OSEP, NECTAC, SERRC, Infants/Toddlers Coordinators Association (ITCA), Westat], stakeholders with special expertise, Comprehensive System of Personnel Development (CSPD) Committee members, university training programs, Early Intervention Conference, personnel funded through grants, First Steps Resource Library
5. Monitoring: C.O. staff, Quality Monitors, EI teams, MDH and DMH staff, Parent Advisors, Medicaid, and other stakeholders
6. Early Intervention Teams: personnel will be funded through contracts; collaborative agreements with Part B, Department of Mental Health and other private or public agencies; Part C salaried staff; university programs, training personnel, and practicum students
7. Collaboration: administrative personnel from agencies providing EI services
8. Publicity and Child Find: C.O. staff, MDH staff from the Office of Communications, DCs and SCs
9. Funding sources: state, Part C, and third-party payments; grant monies (e.g. EHDI-M, GSEG); and revenue generated by MDH

Mississippi's Part C State Performance Plan for 2005-2010

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.

Measurement:

Percent = # of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children divided by the total # of infants and toddlers with IFSPs times 100.

Overview of Issue/Description of System or Process:

1. Current efforts include increasing awareness of the benefits of providing services in the natural environment. Training includes an emphasis on the requirement that early intervention services be provided in natural settings (e.g., the home, child care centers, or other community settings) to the maximum extent appropriate to meet the needs of the child, and on the requirement to provide a justification for services outside the natural environment. Other training includes proper use of different service delivery models such as a Primary Service Provider (PSP) as coach model.

2. Many district staff members have some knowledge of the benefits of providing services in natural settings. Most of these staff members are not comfortable explaining the benefits or legal requirements of natural environment provisions. Enhancing knowledge of all stakeholders and providers should decrease the perception that more services in a clinic are better.

3. The "Step by Step Process of Service Coordination" in our service coordinator manual requires discussing natural environments concept with parents but describes a process more supportive of services provided under a medical model. Parent choice of services is stressed without providing parents with the information needed to make informed choices (i.e., family centered and integrated approaches to address their child's developmental needs).

4. The format used to document service provision (except where the new process has been piloted) does not encourage writing IFSP outcomes to be achieved through natural routines for the infant/toddler and family. In districts VIII and IX, use of a "bubble sheet" emphasizes routines and outcomes in the development of IFSPs. At the December 2005 stakeholders' meeting, a bubble sheet activity was included, with Districts VIII and IX and DMH staff serving as leaders for mock IFSP teams.

5. Team members are unable to identify and write adequate child outcome-based justifications for services outside natural settings. At the December 2005 stakeholders' meeting, the framework for a guiding document was begun.

6. The categories used for natural environment in the FSIS were not clearly defined. Some categories for natural environment did not meet the federal definition of natural environment. Typically since July 1, 2005, categories selected included home, typical, designed, or service provider. "Other" requires a description to determine if it meets the definition for natural environment. Ongoing training and technical assistance regarding natural environments has been provided.

7. Finding service providers willing to serve infants and toddlers in natural environments is a challenge in several health districts.

    a. In areas where individual providers conduct their evaluations and make discipline-specific recommendations, there is no true team process. Please refer to Indicator 1, overview # 5.

    b. Many agencies serving multiple health districts do not offer a variety of services in each of the districts they serve.

    c. In some counties, only special instruction is available in NE. All other services are provided at hospitals and clinics.

    d. Providers who were unable or unwilling to provide services in the NE have been encouraged to use existing resources in NE or to create programs with typically developing children. The University of Mississippi is piloting a program for Speech/Language and Audiology students to have practicum experiences in NE and to create a typical program in their clinic. These practices have been suggested to other university training programs. Small grants are offered to offset travel expenses. CSPD committee members have been assigned to work with major university training personnel to promote these ideas.

8. Medicaid Issues:

    a. Medicaid does not reimburse the provider for travel (mileage or time).

    b. Please refer to Indicator 1, overview # 7 (a, c, and d).

9. Hospitalized infants and toddlers are put in tracking until they are discharged from the hospital.

10. Use of a Primary Service Provider (PSP) as coach model, when appropriate to meet the infant or toddler's (and family's) unique needs, has been a topic in training and is used in some districts. Its use has been limited in most of the health districts; when used appropriately it has been well-accepted by families. Please refer to Indicator 1, Overview # 9 for more details.

Baseline Data for FFY 2004 (2004-2005):

In FFY 2004 of the 1249 infants and toddlers who were initially referred and had initial IFSPs developed and who received early intervention services, 1028 (82%) received early intervention services primarily in the home or community settings with typically developing peers. Although the 618 data were available for reporting on the Child Find indicators, the Natural Environment data are not yet available. Data were obtained from the FSIS database for FFY 2004.

Discussion of Baseline Data:

Provision of services in home and community settings with typically developing peers has increased while provision of services in clinics, hospitals, design programs or other service provider settings has continued to decrease in the State. Targets were set by considering the FFY 2004 (2004-2005) data as well as the monthly Report Card data. The data from July 1, 2005-December 31, 2005, indicate that 92% of the infants and toddlers with IFSPs received early intervention services primarily in the NE. Data were obtained from the FSIS database. Reasons for services outside NE tend to be based on family choice, service provider availability, and the need for special equipment available only in a clinical setting.

FFY	Measurable and Rigorous Targets for Indicator 2:
2005 **(2005-2006)**	**93%** of infants and toddlers with IFSPs will receive early intervention services primarily in the home or programs for typically developing children with **100%** child outcome-based justifications for remaining **7%**.
2006 **(2006-2007)**	**94%** of infants and toddlers with IFSPs will receive early intervention services primarily in the home or programs for typically developing children with **100%** child outcome-based justifications for remaining **6%.**
2007 **(2007-2008)**	**95%** of infants and toddlers with IFSPs will receive early intervention services primarily in the home or programs for typically developing children with **100%** child outcome-based justifications for remaining **5%.**
2008 **(2008-2009)**	**96%** of infants and toddlers with IFSPs will receive early intervention services primarily in the home or programs for typically developing children with **100%** child outcome-based justifications for remaining **4%**.
2009 **(2009-2010)**	**97%** of infants and toddlers with IFSPs will receive early intervention services primarily in the home or programs for typically developing children with **100%** child outcome-based justifications for remaining **3%**.
2010 **(2010-2011)**	**98%** of infants and toddlers with IFSPs will receive early intervention services primarily in the home or programs for typically developing children with **100%** child outcome-based justification for remaining **2%.**

Improvement Activities/Timelines/Resources:

Activities to commence in the second half of FFY 2005 (2005-2006)

1. Clearly define the categories in FSIS used to report natural environment (i.e., natural environment = home or community, and other = any other setting). Change the FSIS field to reflect the federal definition.
2. Provide guiding questions to determine whether the decision to provide a service outside natural environments ("other" in the database) meets the criteria for a child outcome-based justification. Document decisions in FSIS and on the guiding document to be attached to the IFSP.
3. Add fields in the database to indicate that the justification has been reviewed and appropriately qualified by an administrator.
4. Please refer to Indicator 1, **Activities to commence in the second half of FFY 2005**, activities 3, 4, 5, 9, and 13 .
5. Explain the new monitoring process to service providers with emphasis on the following:
    a. Monitoring activities will be used to identify Program Improvement activities to meet the required targets for the State Performance Plan.
    b. Monitoring findings and the resulting Improvement Plans at both the state and local levels will be published. To meet targets of the SPP, the Improvement Plans for districts and providers will include district goals, training and technical assistance needs, available resources, activities and strategies, and responsible parties.

6. Please refer to Indicator 1, **Activities to commence in the second half of FFY 2005,** Activity 6.
7. Provide training on:
    a. Natural environment definition, benefits, and best practices;
    b. Determining whether the decision to provide services outside natural environments meets the criteria for a child outcome-based justification;
    c. Service delivery models incorporating best practices that support the provision of early intervention services in natural settings;
    d. IFSP development incorporating routines to achieve functional outcomes;
    e. Cultural diversity; and
    f. Service Coordination.
8. Make changes in the Service Coordinator's Manual to guide personnel in offering more effective services.

Activities to commence in FFY 2006 (2006-2007)

1. Please refer to the activities for Indicator 1.
2. Distribute Natural Environment brochures to Service Coordinators, Service Providers, and families explaining the regulations, best practices, and benefits regarding Natural Environments
3. Place the Natural Environment brochure on the First Steps Early Intervention webpage.
4. In IFSP and service coordinator training emphasize natural routines and functional outcomes. Part of the IFSP training includes using the Natural Environment Guiding Document that is part of the IFSP.
5. Provide technical assistance addressing issues related to explaining the benefits of services in natural environments to providers, referral sources, and parents.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2008-2009:

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	Natural Environment brochures			
D, F	A brochure explaining the benefits of services in the NE was developed in FFY 2006, and has been distributed since then by central office and district staff. The brochure was placed on the agency website.	FFY2006 through FFY 2010	C.O. staff District Staff	New in FFY2006 Continued in FFY 2007 Continuing in FFY 2008
	Database Changes			
A	1. Categories were clearly defined in FSIS to report natural environment (i.e., natural environment=home or community, and other=any other setting). The FSIS field was changed to reflect the federal definition.	FFY 2005	Data Manager	Completed in FFY 2005
A	2. Fields were added in the database to indicate that the justification has been reviewed and appropriately qualified by an administrator.	FFY 2005 through FFY 2010	Data Manager	Completed in FFY 2006 Revised in FFY 2008

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
A	3. In FFY 2008, the NE justification will be visible on the same screen as the early intervention service and district staff will be able to access reports that more clearly specify the records needing attention.	FFY2008 through FFY 2010	Data Manager	New in FFY2008
D	4. Technical assistance and training about the database changes are provided on a continuing basis.	FFY 2005 through FFY 2010	C.O. staff	New in FFY2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
A, C, D	5. In FFY 2008, the data manual will be developed after the major changes are complete.	FFY 2008 through FFY 2010	Data Manager C.O. staff	New in FFY2008
	Provider Recruitment & Training			
F	1. Contracts were approved to staff early intervention teams in every district	FFY 2006 through FFY 2010	C.O. staff District Staff	New in FFY2006 Continued in FFY 2007 Continuing in FFY 2008
D, F	2. Subsidies/loans/grants (SLGs) were entered into with university programs to provide pre-service training on services in natural settings	FFY 2006 through FFY 2010	C.O. staff	New in FFY2006 Continued in FFY 2007 Continuing in FFY 2008
D,F	3. SLGs were increased with some regional mental health centers for contracting with providers in natural settings.	FFY 2006 through FFY 2010	C.O. staff District Staff	New in FFY2006 Continued in FFY 2007 Continuing in FFY 2008
F	4. In FFY 2007, information packets were mailed to SLPs licensed through the Mississippi State Department of Health (MSDH).	FFY 2007	C.O. staff	Completed in FFY 2007
F	5. In FFY 2008, a similar packet will be sent to licensed OTs and PTs. Ads will be developed and published in statewide newspapers in an attempt to recruit therapists into the EIS.	FFY 2008	C.O. staff	New in FFY 2008
F	6. During state fiscal year 2007, the Part C Coordinator requested Human Resources to change therapy rates and structure in an effort to recruit and retain therapists, while managing fiscal resources more effectively.	FFY 2007	C.O. staff	Completed in FFY 2007
	Retention & Recruitment of District Staff			
F	1. Service coordinator positions were realigned from Health Program Specialist to Health Program Specialist Sr., resulting in an approximately10% raise.	FFY 2008	C.O. staff	Completed in FFY 2007
F	2. Explore realignment/reclassification of district coordinators	FFY 2008	C.O. staff District Staff	New in FFY 2008
	Policies & Procedures			
E	1. Revision of policies and procedures	FFY 2005		Waiting on the release of the new Part C Regulations

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
E	2. Revised the Service Coordinator Manual to include changes in the IFSP directions, additional guidance on use of informed clinical opinion in determining eligibility and making recommendations for services, and changes in forms.	FFY 2006 through FFY 2010	**Training & T/A:** C.O. staff	Revised in FFY 2007 Continuing in FFY 2008
E	3. New forms and procedures have been developed to aid in fiscal monitoring, data verification, and resource management.	FFY 2007 through FFY 2010	**Training & T/A:** C.O. staff	Completed in FFY 2007
	Definition of Natural Environment			
D	1. Guidance questions were provided to determine whether the decision to provide a service outside natural environments meets the criteria for a child outcome-based justification. Decisions are to be documented in FSIS and on the guiding document to be attached to the IFSP.	FFY 2005 through FFY 2010	C.O. staff	Completed in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
C	2. Training is provided on the following topics: natural environment definition, benefits, and best practices; determining whether the decision to provide services outside natural environments meets the criteria for a child outcome-based justification; service delivery models incorporating best practices that support the provision of early intervention services in natural settings; IFSP development incorporating routines to achieve functional outcomes; cultural diversity; and service coordination	FFY 2005 through FFY 2010	C.O. staff District Staff	New in FFY2006 Continued in FFY 2007 Continuing in FFY 2008
	Training/TA for staff & providers			
C	1. New service coordinator training was developed. The three day session was shortened to two full days to prevent delays in service coordinator responsibilities. The main content on the third day was IFSP development. IFSP training and follow-up is now provided within the district.	FFY 2006 through FFY 2010	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continuing in FFY 2008
C	2. Significant changes to the format of the IFSP were made in FFY 2006. By FFY 2007 the staff and providers were familiar with the new format. Follow-up training on the IFSP was provided within the district and included writing integrated outcomes and	FFY2006 through FFY 2010	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continuing in FFY 2008

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	strengthening transition steps and services. IFSP training for new service coordinators and follow-up continue to be provided within the district. The follow-up is individualized and often includes coaching the individual or team prior to the IFSP meeting, facilitating IFSP development within an IFSP meeting (if necessary), and follow-up after the IFSP meeting. IFSP training within the district affords current staff opportunities to enhance their skills.			
F	3. NECTAC and SERRC will be used to help address best practice issues; such as the PSP model	FFY 2008 through FFY 2010	C.O. staff	New in FFY 2008
C	4. The MS EI program held its state conference in collaboration with the MSECA in October 2007. Carol Trivette was a keynote and breakout speaker. Her topic centered on the research regarding coaching families to increase activities during natural routines to improve family and child outcomes. The MSECA and EI plan to continue this collaborative effort, with increased emphasis on serving children with special needs in natural settings and routines.	FFY 2007	MSECA C.O. staff	Completed in FFY 2007

Explanations for activities revised in FFY 2007 and new activities in FFY 2008

Provider Recruitment & Training: In FFY 2008, a similar packet will be sent to licensed OTs and PTs. Ads will be developed and published in statewide newspapers in an attempt to recruit therapists into the early intervention system. A similar activity in FFY 2007 generated both referrals and inquiries about SLP positions in FFY 2007.

Retention & Recruitment of District Staff: Exploration of realignment or reclassification of district coordinators will begin in FFY 2008. In the past seventeen years, the only raises received were state raises. The alignment that occurred yielded a title but no increase in pay. This activity is needed to retain and recruit staff.

Training/TA for staff & providers necessary to address timely provision of services: Training/TA on transdisciplinary play-based assessment: Training and coaching in FFY 2007 was done upon request or when general supervision activities indicated the need for training or coaching. In 2008, there will be comprehensive training that supports the activities needed to strengthen our transdisciplinary play-based evaluations and assessments, IFSP development, and providing services using a PSP model of service delivery. The PSP as coach model focuses on coaching of the identified learners as the primary intervention strategy to implement jointly-developed, functional, discipline-free IFSP outcomes in natural settings with ongoing coaching and support from other team members. The discipline of the chosen PSP(s) is based on the IFSP outcomes, relationships with the learners, and expertise in the areas of support needed by the learners. Implementation of a PSP model will allow us to improve service delivery

while maximizing effective use of our resources. The positive impact is being realized in the limited implementation of this model within the state. NECTAC and SERRC are assisting us with this process.

New service coordinator training will continue to be provided in a two day format with the IFSP training provided separately using a coaching model. Conducting IFSP training and follow-up within the district allows the training and follow-up to be tailored to meet the district's needs.

Database changes: In FFY 2008, the NE justification will be visible on the same screen as the early intervention service. Through the database, Central Office staff will indicate whether the information provided supports a justification that the service is being provided outside the NE because early intervention cannot be achieved satisfactorily for the infant or toddler in the NE, or if more information is needed to make that determination. District staff will be able to access reports that more clearly specify the records needing attention. These changes will facilitate gathering the information, follow-up, and analysis of the justifications. The data manual will be developed after the major changes are complete.

Activities to commence in FFY 2009 (2009- 2010)~~)~~

1. Continue to hold the MS EI program state conference in collaboration with the Mississippi Early Childhood Association, with increased emphasis on serving children with special needs in natural settings and routines.

2. Continue to discuss with potential service providers the benefits of serving children with special needs in natural settings and routines.

3. Continue to provide technical assistance and training about the changes in the database.

Activities to commence in FFY 2010 (2010-2011)

1. Evaluate the effectiveness of the above activities in meeting the SPP goals and make necessary changes. Utilize broad stakeholder input in this process
2. Provide training to address compliance and/or performance issues identified in the Annual Performance Reports and through monitoring activities. This training will be ongoing within each health district through coaching, mentoring, and embedded training/technical assistance.

Resources for Activities

Please refer to the resources for Indicator 1, unless otherwise specified.

Mississippi's Part C State Performance Plan for 2005-2010

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved:

A. Positive social-emotional skills (including social relationships);

B. Acquisition and use of knowledge and skills (including early language/communication); and

C. Use of appropriate behaviors to meet their needs.

(20 USC 1416(a)(3)(A) and 1442)

Measurement:

A. Positive social-emotional skills (including social relationships):

a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

If a + b + c + d + e does not sum to 100%, explain the difference**.**

B. Acquisition and use of knowledge and skills (including early language/communication and early literacy):

a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-

aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

If a + b + c + d + e does not sum to 100%, explain the difference**.**

C. Use of appropriate behaviors to meet their needs:

a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

If a + b + c + d + e does not sum to 100%, explain the difference

Description of the Outcome Measurement System for Mississippi:

In the First Steps Early Intervention Program, evaluations are most frequently completed by teams comprised of two or more of the following: speech/language pathologists, physical therapists, occupational therapists, special instructors, and/or early interventionists, all of whom meet applicable state licensure and /or personnel qualifications. The composition of the team is based on the unique needs of the child and family. The evaluation team must use more than one procedure and more than one instrument to determine eligibility (e.g. standardized and less formal measures to include play-based assessment, interview, review of records, and observation across settings and people).

The Part C Early Intervention Program is collaborating with Early Intervention teams statewide to develop a process for completing entry data and measuring progress on child outcomes. Barriers to implementation included staff turnover; lack of resources for evaluation, and lack of resources to provide training and technical assistance on the scale required to implement the activities state-wide.

Procedures/activities/strategies for assessment and measurement:

- Entry data will be collected for infants and toddlers entering the early intervention system who have an initial IFSP developed within the reporting period (FFY).

- Progress will be measured no more than 60 days prior to the child's exit from the early intervention program. Progress data will be collected for infants and toddlers with at least 6 months of consecutive service exiting the early intervention system for one of the following reasons: (a) the child no longer needs early intervention services; (b) the child moves out-of-state; or (c) the child is transitioning from the infant/toddler program at three years of age to community or Part B Preschool services. Mississippi will use the ECO Center definition for "comparable to same-aged peers": a child who has been scored as a 6 or 7 on the COSF.
- The EI program will provide training and technical assistance on the purpose of including this indicator and the activities required to address it.

- The FSIS data base will be modified to collect entry and progress data. Until modifications to the data base are complete, data will be maintained in a spread sheet which will be transferred to child records in FSIS when this feature becomes available. The ECO calculation tools will be incorporated in the FSIS data base to calculate data required as part of OSEP's APR reporting requirements.
- No single measure or assessment shall be used as the sole criterion for determining whether a child is a child with a disability or determining an appropriate educational program for the child.

- Technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors, will be used.

- Assessments and other evaluation materials used

    - are selected and administered so as not to be discriminatory on a racial or cultural basis;

    - are provided and administered in the language and form most likely to yield accurate information on what the child knows and can do developmentally and functionally, unless it is not feasible to do so;

    - are used for purposes for which the assessments or measures are valid and reliable;

    - are administered by trained and knowledgeable personnel; and

    - are administered in accordance with any instructions provided by the producer of such assessments.

- The child is assessed in all areas of suspected delay/disability.

- The instruments chosen must allow an assessment of the unique needs of the child in all developmental areas (i.e., physical including vision and hearing; cognitive; social or emotional; communication; and adaptive), including the identification of services appropriate to meet those needs.

- Assessment tools and strategies must provide relevant information in determining the unique developmental needs of the child and the needs of the family to help their child develop and learn.

- Any adaptations (e.g., for motor or sensory issues) will be described in the eligibility/assessment report.

- Local programs will choose the measurement tools for conducting assessments and evaluations considering both Part B and Part C guidelines for selecting appropriate tools by choosing one Criterion Referenced Instrument and one Norm Referenced Instrument from the following list:

  Criterion Referenced Instruments
  Infant-Toddler Developmental Assessment (IDA)
  The Carolina Curriculum for Infants and Toddlers with Special Needs, Second Edition (CCITSN)
  Early Learning Accomplishment Profile (ELAP)
  Hawaii Early Learning Profile (HELP)

  Norm Referenced Instruments
  Developmental Activities Screening Inventory II (DASI-II)
  Battelle Developmental Inventory, Second Edition (BDI-2);
  Developmental Profile II (DP III).

Description of Sampling Methodology (if applicable):

Not applicable. Mississippi's Part C system will not use sampling to collect data for Indicator #3.

Baseline Data for FFY 2005 (2005-2006):

Fifteen (15) Child Outcomes Summary Forms were completed by teams around the state to measure entry functioning of infants and toddlers with initial IFSPs. The following areas were measured: positive social-emotional skills, acquiring and using knowledge and skills, and taking appropriate action to meet needs, using the ECO Early Childhood Outcomes Summary Form.

In the area of positive social-emotional skills:

Two (2) of 15 infants and toddler with IFSPs demonstrated a rating scale of 2

Six (6) of 15 infants and toddler with IFSPs demonstrated a rating scale of 3

Two (2) of 15 infants and toddler with IFSPs demonstrated a rating scale of 4

Three (3) of 15 infants and toddler with IFSPs demonstrated a rating scale of 5

Two (2) of 15 infants and toddler with IFSPs demonstrated a rating scale of 6

In the area of acquiring and using knowledge and skills:

One (1) of 15 infants and toddler with IFSPs demonstrated a rating scale of 1

Four (4) of 15 infants and toddler with IFSPs demonstrated a rating scale of 2

Three (3) of 15 infants and toddler with IFSPs demonstrated a rating scale of 3

Two (2) of 15 infants and toddler with IFSPs demonstrated a rating scale of 4

Five (5) of 15 infants and toddler with IFSPs demonstrated a rating scale of 5

In the area of taking appropriate action to meet needs:

One (1) of 15 infants and toddler with IFSPs demonstrated a rating scale of 1

Two (2) of 15 infants and toddler with IFSPs demonstrated a rating scale of 2

Six (6) of 15 infants and toddler with IFSPs demonstrated a rating scale of 3

Two (2) of 15 infants and toddler with IFSPs demonstrated a rating scale of 4

Two (2) of 15 infants and toddler with IFSPs demonstrated a rating scale of 5

Two (2) of 15 infants and toddler with IFSPs demonstrated a rating scale of 6

Discussion of Baseline Data:

Many of the activities that should impact this indicator were initiated in summer 2006. The original plan for measurement of entry level functioning for infants and toddlers with initial IFSPs was not followed. The original plan could not be carried out as written with the current resources available. Instead, a plan for using the Early Childhood Outcomes Summary Form was devised, and training and technical assistance were provided by NECTAC and ECO. One team in each district was trained to complete the ECO Summary Form for every child referred between June 1 and July 30, 2006. Measurement was to be conducted between August 1 and September 30, 2006. Because the team evaluating and writing the IFSP for each baby was not always composed of the members who were trained, few summary forms were completed.

FFY	Measurable and Rigorous Target
2006-2010	A. Positive social-emotional skills (including social relationships): a. 10% of infants and toddlers will not improve functioning b. 35% of infants and toddlers will improve functioning but not sufficient to move nearer to functioning comparable to same-aged peers c. 35% of infants and toddlers will improve functioning to a level nearer to same-aged peers but will not reach it d. 10% of infants and toddlers will improve functioning to reach a level comparable to same-aged peers e. 10% of infants and toddlers will maintain functioning at a level comparable to same-aged peers B. Acquisition and use of knowledge and skills (including early language/communication and early literacy): a. 10% of infants and toddlers will not improve functioning b. 35% of infants and toddlers will improve functioning but not sufficient to move nearer to functioning comparable to same-aged peers

	c. 35% of infants and toddlers will improve functioning to a level nearer to same-aged peers but will not reach it d. 10% of infants and toddlers will improve functioning to reach a level comparable to same-aged peers e. 10% of infants and toddlers will maintain functioning at a level comparable to same-aged peers C. Use of appropriate behaviors to meet their needs: a. 10% of infants and toddlers will not improve functioning b. 35% of infants and toddlers will improve functioning but not sufficient to move nearer to functioning comparable to same-aged peers c. 35% of infants and toddlers will improve functioning to a level nearer to same-aged peers but will not reach it d. 10% of infants and toddlers will improve functioning to reach a level comparable to same-aged peers e. 10% of infants and toddlers will maintain functioning at a level comparable to same-aged peers

Improvement Activities/Timelines/Resources:

Activities to commence in FFY 2005 (2005-2006):
Entry data were collected statewide and child outcome information was summarized for 15 children who were referred to the Early Intervention Program and had an initial IFSP developed between July 1, 2005, and June 30, 2006. The entry status data were based on information gathered at the initial evaluation for eligibility to the Part C early intervention program. That information was completed using the 7 point Child Outcome Summary Form (COSF) developed by the Early Childhood Outcome Center. Due to the limited participation by the local programs in collecting entry measurement of infants and toddlers with IFSPs, changes were made in how this process was phased in throughout the state for the following year. The modified process diverts some of the responsibility from the Service Coordinators while allowing existing providers to take a bigger role in gathering the information needed to measure outcomes.

Activities to commence in FFY 2006 (2006-2007):

Using the Early Childhood Outcomes Center Child Outcomes Summary Form: 7-point version, entry data will be collected statewide and child outcome information summarized for children referred to the Early Intervention Program with an initial IFSP developed between July 1, 2006, and June 30, 2007. The Service Coordinator will forward copies of test protocols and evaluation/assessment reports to the Central Office. Personnel with a developmental background will review these documents and complete an Early Childhood Outcome Center 7-point Child Outcome Summary Form. Entry data will be entered into a spreadsheet maintained by Central Office staff.

Resources for Activities

Please refer to the resources for Indicator 1, unless otherwise specified.

Revisions, <u>with Justification</u>, to Proposed Targets / Improvement Activities / Timelines / Resources for (2007-2008)

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	Database Changes			
A	1. Entry/exit data are being entered into a spreadsheet maintained by C.O. staff.	FFY 2006 through FFY 2007	District Staff C.O. staff	New in FFY2006 Continued in FFY 2007 Continuing in FFY 2008
A	2. Entry/exit data will be entered into the database by service coordinators.	FFY 2008 through FFY 2010	District Staff C.O. staff	New in FFY 2008
	Collection of Data			
A	1. Service providers took a bigger role in gathering the information needed to measure child outcomes.	FFY 2005	Service Providers C.O. staff	Completed in FFY 2005
A	2. Entry data were collected statewide and child outcome information summarized for children referred to the EIP with an initial IFSP developed between July 1, 2006, and June 30, 2007.The SC will forward copies of test protocols and evaluation/ assessment reports to the C.O. personnel with a developmental background who will review these documents and complete an ECO Center COSF. Entry data were entered into a spreadsheet maintained by C.O. staff.	FFY 2006	Service Providers C.O. staff District Staff	Completed in FFY 2006
A	3. Progress data for FFY 2007 (2007-2008) were gathered on children: a) exiting the program (utilizing the criteria above) in five health districts; b) who had an ECO COSF: 7-point version completed upon entry into the program; and c) who received EIS from four health districts being phased-in to this process. The population targeted is representative of the population of the state.	FFY 2007 through FFY 2010	Service Providers C.O. staff District Staff	New in FFY2007 Continuing in FFY 2008
A	4. Progress data for FFY 2008 (2008-2009 will be gathered on children: a) exiting the program (utilizing the criteria above); b) who had an ECO COSF; 7-point version completed upon entry into the program; and c) who received EIS from nine health districts being phased-in to this process. The population targeted is representative of the population of the state.	FFY 2007 through FFY 2010	Service Providers C.O. staff District Staff	New in FFY 2007

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
A	5. Utilizing the procedures/ activities/strategies that have been developed, entry and progress data will be gathered on all children meeting the entry and exit criteria described above.	FFY 2008 through FFY 2010	Service Providers District Staff	New in FFY 2008
	Training and Technical Assistance			
A, C, D	1.Technical assistance will be provided for IFSP teams measuring entry and progress.	FFY 2008 through FFY 2010	Service Providers District Staff C.O. staff ECO Center	New in FFY 2008
A, C, D	2. Quality assurance and monitoring procedures will be implemented to ensure the accuracy and completeness of the outcome data.	FFY 2008 through FFY 2010	Service Providers District Staff C.O. staff ECO Center	New in FFY 2008
A, H	3. Evaluation of data will be used to determine whether adjustments are needed in the activities.	FFY 2008-FFY 2010	Service Providers District Staff C.O. staff ECO Center	New in FFY 2008

Explanations for activities revised in FFY 2007 and new activities in FFY 2008

Database changes: In calendar year 2008, a screen was added to capture entry data on all children who receive an IFSP and exit data on all children who have been in the system for at least 6 consecutive months. A note field was added to capture supporting details related to entry/exit data. Service coordinators will enter this data. The screen to capture entry/exit data and notes is in test mode, but it will be implemented in FFY 2008.

Collection of Data: Progress data for FFY 2008 will be gathered on children exiting the program who had an ECO COSF, 7-point version completed upon entry into the program, and who received EIS from a health district that had phased into this process.

Training/Technical Assistance (TA) for staff & providers necessary to address child outcomes:
TA will be provided for each EIP/IFSP team measuring entry and progress data by a quality monitor or other C.O. staff. TA will focus on strengthening the process of collecting reliable and valid child outcome data and will also be conducted when general supervision activities indicate the need for training or coaching. Through conference calls, the ECO center will provide TA to those persons in MS providing TA.

Quality assurance and monitoring procedures will be implemented to ensure accuracy and completeness of the outcome data. Quality monitors and other C.O. staff will randomly check children's records for complete Child Outcome Summary Forms. Accuracy will be checked by reviewing the evaluation summary and the evaluation report. Information from those two sources will be used as a guide to check the validity of the ratings and supporting information provided on the Child Outcome Summary Form. Evaluation of data will be used to determine whether adjustments are needed in the activities.

Activities to commence in FFY 2009 (2009- 2010):
In FY 2009 (2009-2010) utilizing the procedures/activities/strategies outlined above, entry and progress data will be gathered on all children meeting the entry and exit criteria described above. Technical Assistance for measuring child outcomes will be provided for all Early Intervention Programs/IFSP teams. Quality assurance and monitoring procedures will be implemented to ensure the accuracy and completeness of the outcome data. Evaluation of the 2008 data will determine whether adjustments are needed in the activities.

Activities to commence in FFY 2010 (2010-2011):
In FY 2010 (2010-2011) utilizing the procedures/activities/strategies outlined above, entry and progress data will be gathered on all children meeting the entry and exit criteria described above. Technical Assistance for measuring child outcomes will be provided for all Early Intervention Programs/IFSP teams. Quality assurance and monitoring procedures will be implemented to ensure the accuracy and completeness of the outcome data. Evaluation of the 2009 data will determine whether adjustments are needed in the activities.

Mississippi's Part C State Performance Plan for 2005-2010

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 4: Percent of families participating in Part C who report that early intervention services have helped the family:

A. Know their rights;
B. Effectively communicate their children's needs; and
C. Help their children develop and learn.

(20 USC 1416(a)(3)(A) and 1442)

Measurement:

A. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family know their rights divided by the # of respondent families participating in Part C times 100.

B. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs divided by the # of respondent families participating in Part C times 100.

C. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn divided by the # of respondent families participating in Part C times 100.

Overview of the System including changes made in 2006:

First Steps is a program that matches the unique needs of infants and toddlers who have developmental delays with the professional resources available within the community system. Information about family concerns, priorities, and resources is obtained during the initial interview (intake) with the family using the developmental history/family assessment. Families are asked to identify their child's routines, likes, and dislikes; the family's preferred activities; family supports; and siblings' needs. The service coordinator must complete the family assessment form with the family's consent during the intake. The information recorded must be written in a manner that is acceptable to the family for sharing with other early intervention providers. The service coordinator records the family's concerns, priorities, resources and routines on the first page of the IFSP during enrollment.

The Infant/Toddler and Family Rights document is presented to all families at the time of initial intake and with every Written Prior Notice (WPN). A WPN is required when there is an evaluation; an IFSP meeting (including any reviews or annual updates)**;** a transition meeting; a change of agency providing a service; a change of service coordinators; or a change of the child's goals, frequency, duration, or place of service. Families must have multiple opportunities to be informed of their rights. During enrollment, the service coordinator explains due process to the parent using all current documents associated with due process: First Steps Early Intervention Program Complaint Process form, Written Prior Notice, Part C Complaint form, Infant/Toddler and Family Rights, and the Advocacy and Support Information. Parents are given the Part B Procedural Safeguards at the transition meeting.

District monitoring processes include review of the required forms completed in the case file and documentation of dissemination of the Infant/Toddler and Family Rights due process documents as required.

The following activities recommended by the First Steps stakeholder group and additional stakeholders were completed:

1. Use the Early Childhood Outcomes Center Family Outcomes Survey or a similar survey.
2. Maintain consistency statewide in the packets given to parents. The 8/31/2007 revision of the Infant/Toddler and Family Rights document includes their rights, a glossary, the Complaint Process form, a Part C Complaint form, and the Advocacy and Support Information Give parents the following:
    a. the state toll-free number is in the Infant/Toddler and Family Rights document ; and
    b. The Complaint Process form has a description of mediation and due process hearing procedures (including who to call and where to write to request relief).
3. The glossary contains clearly define terms used in the provision of EI services.
4. Make all information accessible to all parents (e.g. Braille, written or spoken in the primary language spoken by the parent/guardian, in a format accessible to text readers, an audio file, or sign language).
5. The information necessary for making informal complaints, written signed complaints, requests for mediation, and requesting for due process hearings is included in the Infant/Toddler and Family Rights document.

The following new activity incorporates the stakeholder recommendations and serves to facilitate communication. Communication notebooks were assembled at the statewide meeting on November 1-2, 2006. These notebooks provide a means by which to record and share important information among the caregivers and service providers. The notebooks contain a calendar on which to record service delivery and other important information; the IFSP and subsequent revisions; due process documents and an advocacy list; information about typical development, and other information added to address the unique needs of the child and family. These notebooks are being distributed to new families at the initial IFSP meeting.

The following activities recommended by the First Steps stakeholder group and additional stakeholders are ongoing:

1. Give families the revised Infant/Toddler and Family Rights document. Explain their rights and give them the opportunity to ask questions.

The following activities recommended by the First Steps stakeholder group and additional stakeholders remain:

1. Maintain consistency statewide in the packets given to parents. Give parents the following:
    a. an ABC process for parents to advocate for their child and
    b. a description of the responsibilities of all personnel involved in service delivery.
2. Revise the Policies and Procedures and the Infant/Toddler and Family Rights document to address changes in IDEA'04 when the final regulations are available.

The following activity recommended by the First Steps stakeholder group and additional stakeholders was revised. There is no longer a two-page summary of the Family Rights. Parents are given the Notice of Infant/Toddler and Family Rights document, which covers all aspects of due process and provides contact information, and the First Steps Early Intervention Program Complaint Process form, which briefly describes available options when problems arise.

Description of Measurement Strategies Mississippi will use:

Mississippi's Part C system will attempt to collect information from every family transitioning from First Steps using the Early Childhood Outcomes Center Family Outcomes Survey. The tool will be presented to each family once a year in November. It will be sent to families with a cover letter explaining the purpose of the survey and instructions. Included in the cover letter will be phone numbers and an email address for the families to use if they had questions, concerns, or problems completing the survey. The survey will be presented to families by parent advisors or other trained non-district personnel as a hard

copy in English or Spanish, or presented verbally if needed in another language or via other primary modes of communication (e.g., interpreter) described above. Families will have the option of completing the survey with the parent advisor or independently. The survey will be returned to the First Steps central office in a stamped/self-addressed envelope. Data entry will be accomplished through a scanning process. Future considerations will include contracting with an outside entity to distribute the surveys in a manner accessible to all our parents, and to collect and analyze applicable data.

Data will be reported to OSEP only from surveys completed by families whose children were enrolled for more than six (6) months in First Steps. Survey results from families of children referred to First Steps after 30 months of age or who receive early intervention for less than six months will not be included in the data reported to OSEP, although the data may be used to satisfy other in-state reporting requirements and for monitoring and program improvement activities.

Who will be included in the measurement?

The Family Outcomes Survey will be presented to every family whose child or children are currently enrolled in First Steps and have an IFSP. These families will be asked to participate in the measurement of family outcomes.

What tool(s) will be used?

Mississippi's Part C system will use the Early Childhood Outcomes Center Family Outcomes Survey.

How will the tool be presented to families? By whom?

In trainings involving families, present the purpose and results of the survey. The survey will be sent to families with a cover letter explaining the purpose of the survey and instructions. It will be presented in the format needed by the parent/guardian (e.g. Braille, written or spoken in the primary language spoken by the parent/guardian, in a format accessible to text readers, an audio file, or sign language). The person presenting the survey will explain how the participant's confidentiality will be protected to allow the participant to provide the requested information without any fear of repercussions. Results of this survey will be reported at a state level and at a health district level, if this possible while protecting the confidentiality of the respondents.

When will the measurement occur?

Measurement will occur in November of each year.

Who will report data to whom, in what form, and how often?

Surveys will be returned directly to the First Steps Central Office in stamped/self-addressed envelopes. If district staff or providers are handed a complete survey, they will send it directly to the Central Office. A unique identifying number is assigned to each child to allow comparisons to be made when parents/ guardians complete this survey in the future .Aggregate data reports will be generated annually. Data will be reported to OSEP annually in the Annual Performance Report. Reports to OSEP will include data from surveys completed by families whose children were enrolled for more than six (6) months in First Steps. Survey results from families of children referred to First Steps after 30 months of age or who receive early intervention for less than six months will not be included in the data reported to OSEP but may be used to satisfy other in-state reporting requirements and for monitoring and program improvement activities.

What are the timelines for implementation of data collection and reporting?

Mississippi's initial baseline data collection occurred in December, 2006, and January, 2007. The survey will be conducted annually in November or December. Measurable and rigorous targets, improvement strategies, timelines, and resources will be reported to OSEP in the Annual Performance Report due annually in February.

Description of Sampling Methodology (if applicable):

Not applicable. Mississippi's Part C system will not use sampling to collect data for Indicator #4.

Baseline Data for FFY 2005 (2005-2006)

Percent of families participating in Part C who report that early intervention services have helped the family:

A. Know their rights:	80%
B. Effectively communicate their children's needs:	81%
C. Help their children develop and learn:	82%

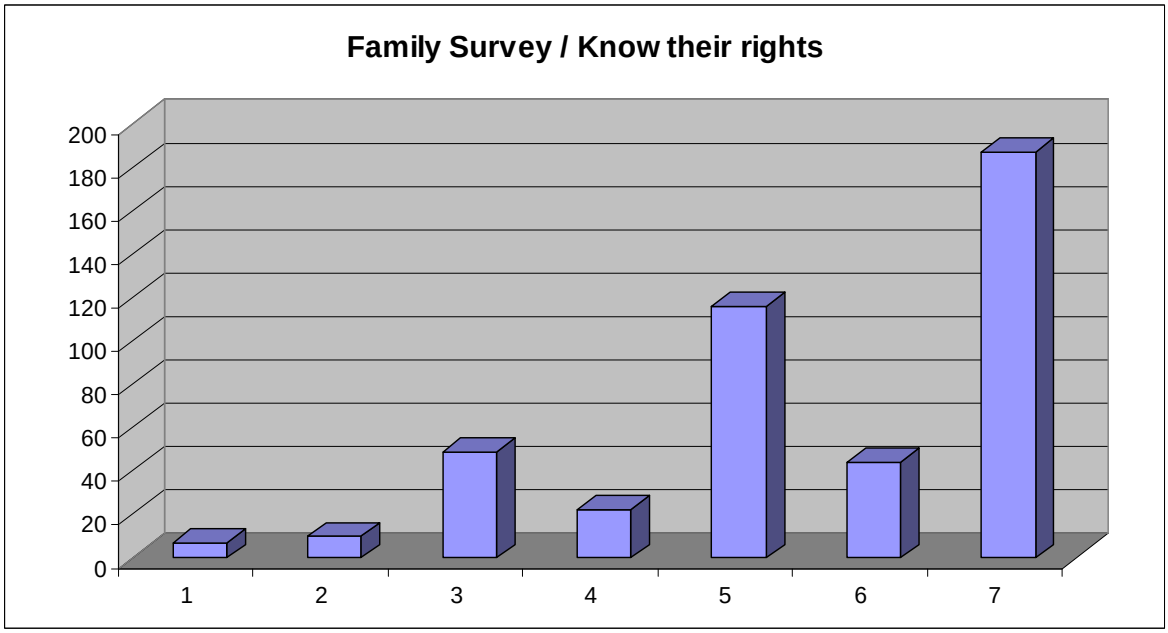
Discussion of Baseline Data:

The following charts and tables contain responses to the items of the survey directly measuring the percent of families participating in Part C who report that early intervention services have helped the family: know their rights; effectively communicate their children's needs; and help their children develop and learn. The results include the number of responses for each point on the likert scale presented both numerically and in a graph, the percentage for each point on the scale, and the percentage of responses within the interval considered to be a positive response. A positive response is defined as a response within the interval of 5, 6, and 7 on the likert scale.

The ECO Family Outcomes Survey (7-point scale) was utilized. (See attached Survey.) Questions 16, 17, 18 correspond to A, B, and C of this Indicator. All other responses on the survey were calculated to assist the program in analyzing training and technical assistance needs. Answers of 5-7 were considered to meet the criteria for "helped the family." Approximately 26% of the 1650 surveys mailed were returned in a format that allowed for calculation of results. This return rate is considered to be adequate. See attached chart for a breakdown of the data by districts and for the state, including raw numbers used in the numerator and denominator for calculating percentages. Completed surveys were tabulated using a scannable form. Surveys that were left blank or were marked with multiple answers for each question were not included in the final results (<10).

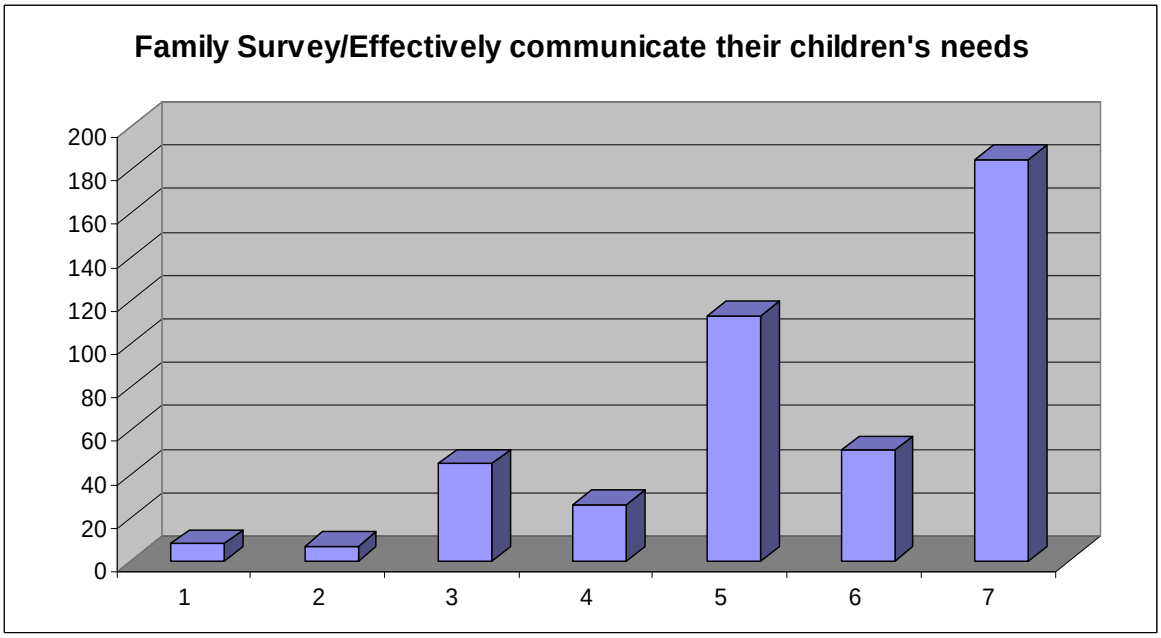
Seventy-six percent (76%) of families out of 1371 received their services on time or were late because of child and family circumstances. Of the 435 families who returned the survey, 80 to 82 % indicated that early intervention helped them know their rights, effectively communicate their children's needs, and help their children develop and learn. The following charts and tables are the results for each part of the indicator by health district.

Health District	# Surveys Sent	% Surveys Sent	# Surveys Returned	% Surveys Returned
I	205	12.18	51	11.72
II	198	11.76	50	11.49
III	177	10.52	52	11.95
IV	126	7.49	25	5.75
V	241	14.32	58	13.33
VI	174	10.34	39	8.97
VII	98	5.82	22	5.06
VIII	201	11.94	59	13.56
IX	263	15.63	63	14.48
ID # blank	0	0	16	3.68
State	1683		435	



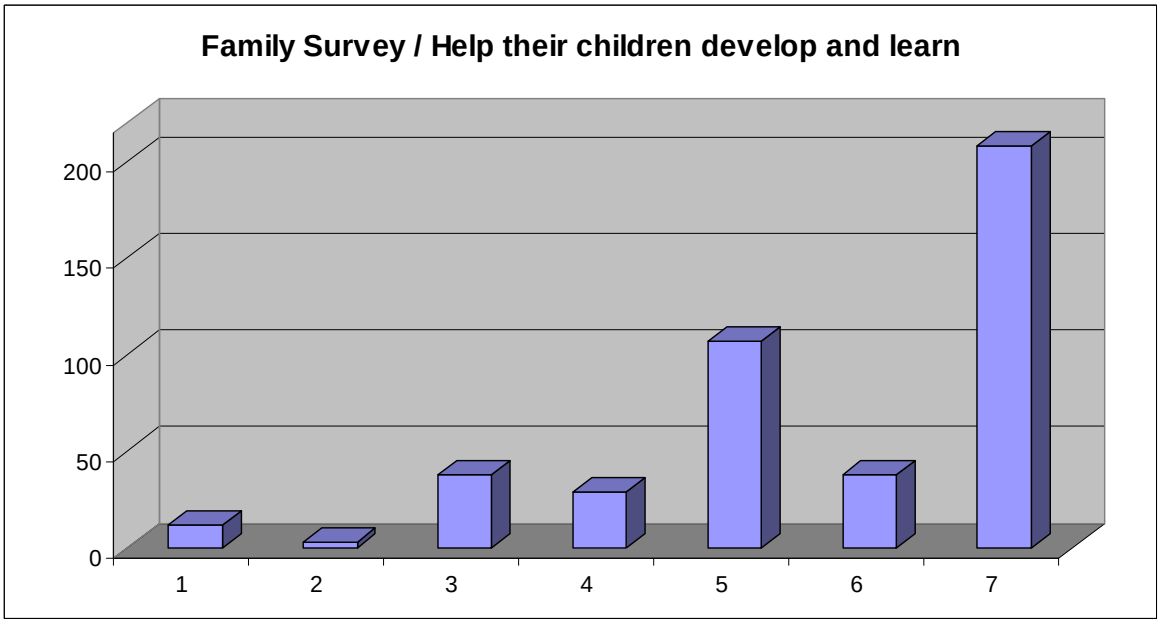
Question 16: To what extent has early intervention helped your family know and understand your rights? Eighty percent (80%) of the returned surveys included a rating of 5, 6, or 7 on this item.

1	2	3	4	5	6	7	Tota
7	10	49	22	116	44	187	43
1.61%	2.30%	11.26%	5.06%	26.67%	10.11%	42.99%	



Question 17: To what extent has early intervention helped your family effectively communicate your child's needs? Eighty percent (81%) of the returned surveys included a rating of 5, 6, or 7 on this item.

1	**2**	**3**	**4**	**5**	**6**	**7**	**Total**
8	7	45	26	113	51	185	435
1.84%	1.61%	10.34%	5.98%	25.98%	11.72%	42.53%	



Question 18: To what extent has early intervention helped your family be able to help your child develop and learn? Eighty-one percent (82%) of the returned surveys included a rating of 5, 6, or 7 on this item.

1	**2**	**3**	**4**	**5**	**6**	**7**	**Total**
12	3	38	29	107	38	208	435
2.76%	0.69%	8.74%	6.67%	24.60%	8.74%	47.82%	

FFY	Measurable and Rigorous Target	
	Percent of families participating in Part C who report that early intervention services have helped the family	**Target**
2006 (2006-2007)	A. Know their rights B. Effectively communicate their children's needs: C. Help their children develop and learn:	83% 84% 85%
2007 (2007-2008)	A. Know their rights: B. Effectively communicate their children's needs: C. Help their children develop and learn:	86% 87% 87%
2008 (2008-2009)	A. Know their rights: B. Effectively communicate their children's needs: C. Help their children develop and learn:	89% 89% 90%
2009 (2009-2010)	A. Know their rights: B. Effectively communicate their children's needs: C. Help their children develop and learn:	92% 92% 92%
2010 (2010-2011)	A. Know their rights: B. Effectively communicate their children's needs: C. Help their children develop and learn:	95% 95% 95%

Improvement Activities/Timelines/Resources:

Activities to commence in the second half of FFY 2005 (2005-2006)

1. Provide training and technical assistance on:
    a. the purpose of collecting this information;
    b. Parental Rights (for district personnel, service providers, parents and other stakeholders);
    c. effective service coordination, IFSP development and provision of services to families; and
    d. appropriate practices that are responsive to diverse cultures.
2. Revise the Policies and Procedures and the Infant/Toddler and Family Rights document to address changes in IDEA'04.
3. Maintain consistency statewide in the packets given to parents. Include the following:
    a. an ABC process for parents to advocate for their child;
    b. a description of the responsibilities of all personnel involved in service delivery;
    c. the state toll-free number; and
    d. a description of mediation and due process hearing procedures (including who to call and where to write).
4. Clearly define all terms contained in parent information materials.
5. Make all information accessible to all parents (e.g. Braille, written or spoken in the primary language spoken by the parent/guardian, in a format accessible to text readers, an audio file, or sign language).

6. Revise the FSIS to include data fields for collection and entry of family outcome data elements. The results of individual surveys will not be accessible at the district level. The revisions will include built-in verification and edit functions to prevent avoidable errors.
7. Facilitate gathering of the family outcome data by:
    a. Distributing the survey through parent advisors or other trained non-district personnel and using a stamped/self-addressed envelope to return the survey to the First Steps Central office to allay fears that negative ratings will affect services.
    b. Generating quarterly reports to indicate the number of parents of children within 30 days of transition selecting each potential rating for the five family outcomes. Number of families responding will be compared to number of children who transition from the First Steps system during the same period of time to ensure appropriate implementation and application of this new data collection requirement.
    c. Making quality assurance calls to districts with low numbers of responses to the Family Outcomes Survey relative to numbers of transitioning children. The purpose of the calls will be to determine reasons for low response rates.
    d. Providing technical assistance and support as appropriate to address any identified areas of need within district programs.
    e. Assigning unique ID numbers to each child for purposes of this survey. The number will be placed on both the pre- and post- surveys to allow for the tabulation of the difference between initial and end results. This information will be used to determine training needs.
    f. Collecting the data used for this indicator in a manner that protects the respondent's identity. This will allow the parent/guardian to respond without concern for how the responses may impact relationships with the service coordinator and other service providers.

Activities to commence in FFY 2006 (2006-2007)

1. Provide training and technical assistance on:
    a. the purpose of collecting this information;
    b. Parental Rights (for district personnel, service providers, parents and other stakeholders);
    c. effective service coordination, IFSP development and provision of services to families;
    d. effective use of the communication notebooks, and
    e. appropriate practices that are responsive to diverse cultures.
2. When the final Part C regulations are released, revise the Policies and Procedures, and the Infant/Toddler and Family Rights document to address changes in IDEA'04.
3. Give communication notebooks to the families of all children at the initial IFSP meeting. The notebook will contain the following materials once they are available:
    a. An ABC process for parents to advocate for their child;
    b. An information sheet containing a description of the responsibilities of all personnel involved in service delivery;
    c. Clear definitions for all terms contained in parent information materials.
    d. Materials from a compilation of materials already developed and in use in the health districts when appropriate for the family.

4. Continue to make all information accessible to all parents (e.g. Braille, written or spoken in the primary language spoken by the parent/guardian, in a format accessible to text readers, an audio file, or sign language).
5. Revise the FSIS to include data fields for collection and entry of family outcome data elements. The revisions will include built-in verification and edit functions to prevent avoidable errors.
6. Facilitate gathering of the family outcome data by:
   a. Presenting the purpose and results of the survey in trainings involving families.
   b. Generating annual reports of the survey results at the state level and the local level, if possible while protecting the confidentiality of the respondents.
   c. Making quality assurance calls to districts with low numbers of responses to the Family Outcomes Survey. The purpose of the calls will be to determine reasons for low response rates.
   d. Providing technical assistance and support as appropriate to address any identified areas of need within district programs.
   e. Collecting the data used for this indicator in a manner that protects the respondent's identity.
   f. Exploring the possibility of giving the parents the choice to respond electronically, by fax or by phone.
   g. Exploring means of generating the unique identifying number on each page of the survey to eliminate errors resulting from manually copying the code.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008-2009:

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	Training and technical assistance on:			
C	1. the purpose of collecting this information;	FFY 2005 through FFY 2010	C.O. staff	Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
C	2. Parental Rights (for district personnel, service providers, parents and other stakeholders);	FFY 2005 through FFY 2010	C.O. staff	Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
C	3. effective service coordination, IFSP development and provision of services to families is covered in the new service coordinator training and IFSP training is provided within the district rather than being provided the third day of the service coordinator training;	FFY 2005 through FFY 2010	C.O. staff	Revised in FFY 2007 Continuing in FFY 2008
C	4. appropriate practices that are responsive to diverse cultures, and	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2008
C	5. advocacy skills for parents/guardians on.	FFY 2008	C.O staff advocacy groups	New in FFY 2008
A	6. Explore and implement	FFY 2005	C.O. staff	Continued in FFY 2007

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	strategies to improve gathering of the family outcome data		District staff	Continuing in FFY 2008
A	7. Make available on a network drive the forms used by Service Coordinators to explain due process and complaint procedures to families.	FFY 2007	C.O. staff	Completed in FFY 2007
A, F	8. Analyze results by demographics in far greater detail than reported in the 2007 APR to help identify factors contributing response rates in population subgroups and to facilitate program improvement	FFY 2008	C.O. staff	New in FFY 2008
C	9. Part C will be participating with Mississippi Department of Education in transition training designed to increase awareness and enhance Part B/Part C collaboration at the local level.	FFY 2008	C.O. staff District staff	New in FFY 2008
D	10. Increase service coordinators', parent advisors', and parents' awareness of advocacy resources	FFY 2008	C.O. staff District staff	New in FFY 2008
A, F	11. Investigate and address factors contributing to the lower than expected survey response rates for the Black or African American, and white population subgroups.	FFY 2008	C.O. staff District staff	New in FFY 2008
	Policies and Procedures:			
E	1. Revise the Policies and Procedures	FFY 2005	C.O. staff	Waiting on new federal regulations
F	2. The Infant/Toddler and Family Rights (I/T & Family Rights) were put in a more parent-friendly format and language. The complaint process form, a complaint form, a glossary, and the list of resources were put in a single document.	FFY 2005	C.O. staff	Revised in FFY 2007 Continuing in FFY 2008
F	3. Maintain consistency statewide in the packets given to parents. Revised in FFY 2007 to allow district personnel to decide what to include in the packet beyond the I/T & Family Rights.	FFY 2005	District staff	Revised in FFY 2007 Continuing in FFY 2008
F	4. Clearly define all terms contained in parent information materials. This glossary is included in the I/T and Family Rights	FFY 2005	C.O. staff	Revised in FFY 2007 Continuing in FFY 2008

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
F	5. Make all information accessible to all parents. This is done upon request. Translating the I/T and Family Rights and the forms in Spanish is the most recent request.	FFY 2005	C.O. staff District staff	Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
	Database Changes			
A	1. The data system, FSIS, will be revised to allow entry of justifications, declining LEA involvement, and declining to have a transition meeting	FFY 2005	Data manager	Not completed on time Revised in FFY 2008

Explanations for activities revised in FFY 2007 and new activities in FFY 2008

1. Analyze the data using the unique identifying number assigned to every survey to make comparisons across years and by demographic information, for individual families, by districts, and for the state as a whole. Use this information to provide the TA necessary to ensure appropriate practices that are responsive to diverse cultures.

2. Utilize advocacy groups within the state to provide training to parents, service coordinators and parent advisors that will enhance their advocacy skills.

3. Analyze results by demographics in far greater detail than reported in the 2007 APR to address factors contributing to the lower than expected survey response rates for the Black/African American and white population subgroups and to facilitate enhance program improvement. Explore ways to improve efforts to provide families with support, information, and resources to enhance their capacity to help their children develop and learn.

4. Part C will be participating with the Mississippi Department of Education on transition training taking place across the state in FFY 2008. This training is designed to increase awareness of the requirements and activities that facilitate seamless transitions and to enhance Part B/Part C collaboration at the local level.

5. Continue to use the results to develop improvement strategies using demographics and provide technical assistance to address appropriate practices that are responsive to diverse cultures.

6. Revise the Service Coordinator Manual when the final Part C Regulations are released.

7. Revise the I/T and Family Rights documents when the final Part C Regulations are released.

8. The I/T and Family Rights, Complaint Process, Complaint Forms, glossary, and list of resources were combined into one document in FFY 2007.

9. Investigate and address factors contributing to the lower than expected survey response rates for the Black, African American, and white population subgroups.

Activities to commence in FFY 2009 (2009- 2010)

10. Implement strategies to improve efforts to provide families with support, information, and resources to enhance their capacity to help their children develop and learn.

11. Continue to increase service coordinators, parent advisors, and parents awareness of advocacy resources

12. Continue to collaborate with the Mississippi Department of Education on parent training.

13. Continue to use the survey results to develop improvement strategies.

Activities to commence in FFY 2010 (2010-2011)

1. Evaluate the effectiveness of the above activities in meeting the SPP goals and make necessary changes. Utilize broad stakeholder input in this process
2. Provide training to address compliance and/or performance issues identified in the Annual Performance Reports and through monitoring activities. This training will be ongoing within each health district through coaching, mentoring, and embedded training/technical assistance.

Resources for Activities

Please refer to the resources for Indicator 1, unless otherwise specified.

Mississippi's Part C State Performance Plan for 2005-2010

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to:

A. Other States with similar eligibility definitions; and

B. National data.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

A. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.

B. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to National data.

Overview of Issue/Description of System or Process:

1. The DMH is the largest public provider of EI services in Mississippi. In the Spring of 2005, a pilot project between MDH and DMH was implemented in District IX. The goals were to eliminate redundant paperwork, to improve efficiency, and to maximize resources. On April 1, 2006, changes resulting from intense collaboration between the two agencies will be fully implemented. Child Find activities will be a unified effort within the state. The likelihood of children falling through the referral cracks will decrease. Four regional trainings on these changes will take place in January and February 2006, with IFSP training planned for March.

2. Zero to Three is implementing its program in Forrest County through the County and Youth Court system. Stakeholders serving children and families in Forrest County were invited to participate in the initial meeting at which Zero to Three staff presented the program. EI staff from District VIII and the Part C Coordinator participated in the meeting. Follow-up meetings will be scheduled throughout the coming year. Provisions of the ***Child Abuse Prevention and Treatment Act (****CAPTA)* and IDEA'04 were discussed during the meeting. EI staff expressed interest in collaborating with other agencies to implement the Zero to Three program through Judge McPhail's office. These collaborative efforts should increase referrals to First Steps and EI's ability to better meet the requirements of CAPTA and IDEA'04 for infants/toddlers exposed to abuse and neglect, and the effects of chemical abuse.

3. A unit in the First Steps Central Office (FS-CO) will be designated as the point of referral. Please refer to Indicator 14, **Activities to commence in the second half of FFY 2006**, Activity 2 for more information about the FS-CO central referral unit.

4. Some school districts in each of the nine health districts want to participate in the "transition pilot project," which began in Health District IX. By including Part B staff as multidisciplinary team members and ensuring that evaluations and assessments meet the guidelines for Part B and Part C, eligibility for Part B may be determined soon after the multidisciplinary evaluation/assessment takes place. This project is enhancing the quality of the multidisciplinary evaluations/assessments and is serving to increase awareness of early intervention eligibility criteria and services. The addition of each participating school district increases the number of multidisciplinary team members and the likelihood of a timely and smooth transition.

5. Use of various terms to describe early intervention services (Part C, EI, First Steps, MDH, Infants/Toddlers program, Mental Health EIP) led to confusion over how to access the system. Currently referrals are received on the local level by First Steps and by the Department of Mental Health (DMH). A small number of referrals are sent directly to the First Steps Central Office. Some referral sources that provide services outside the EI system do not make referrals to First Steps. The agencies providing early intervention services are working to improve communication with and increase collaboration among referral sources and providers.

6. In 2005 new publicity and Child Find materials were developed and printed. New publications include a large poster with the English version on one side and Spanish on the other. Three versions of brochures were developed based on the child's age: 1-12 months, 13-24 months, and 25-36 months. Brochures are available in English, Spanish and Vietnamese. Developmental tear-off sheets are the most popular publications. The tear-off sheets are miniature versions of the poster. Trade show displays were distributed to District Coordinators. One trade show display was purchased for Central Office use. All materials are brightly colored with attractive pictures of babies depicting the activity referenced (crawling, walking, looking at books). The English version includes pictures depicting various ethnic backgrounds. The Spanish and Vietnamese versions include pictures of babies who reflect those cultures. Parent focus groups met to critique the old materials and to express their opinions regarding the development of new materials. The reading level is around fourth grade and includes more laymen's terms and less jargon than previous materials. Having brochures for each year of an infant/toddler's life came out of the parent focus group, as well. Materials are available at no charge for persons with a legitimate need. They will be distributed state-wide through providers, referral sources, and at professional meetings.

7. The number of teams available to conduct comprehensive evaluations and assessments is limited. Delays in evaluations lead to delays in services and reluctance of referral sources to refer infants and toddlers to First Steps. Use of a medical model for evaluations and service provision contributes to the delay. Conducting separate discipline-specific evaluations, writing individual reports, and developing IFSPs from multiple reports is more time consuming than using early intervention teams that conduct comprehensive multidisciplinary evaluations and assessments that facilitate writing IFSPs designed to achieve functional outcomes working in family routines.

8. Difficulty scheduling evaluations and finding service providers led to some service coordinator practices which hinder the process. Some service coordinators wait until after identified providers are available before scheduling the IFSP meeting.

9. Some hospitalized infants are put in tracking until they are discharged from the hospital.

10. While entering records in FSIS, some service coordinators made up ID numbers for infants and toddlers rather than using the SS#, Medicaid #, or phone #. When two children were assigned the same ID number, the database merged the records, reducing the numbers in the data system.

Baseline Data for FFY 2004 (2004-2005):

A. According to the December 1, 2004, Child Count (618 data), in Mississippi 0.74% of infants, birth to one, received services outlined on an IFSP, compared to states with similar eligibility criteria (broad, including at risk) whose average was 1.39%.

According to the December 1, 2004, Child Count (618 data), in Mississippi 0.74% of infants, birth to one, received services outlined on an IFSP, compared to states with similar eligibility criteria (broad, excluding at risk) whose average was 0.90%. According to the December 1, 2005, Child Count (618 data), in Mississippi 0.50% of infants, birth to one, received services outlined on an IFSP, compared to states with similar eligibility criteria (broad, including at risk) whose average was 1.39%.

According to the December 1, 2005, Child Count (618 data), in Mississippi 0.50% of infants, birth to one, received services outlined on an IFSP, compared to states with similar eligibility criteria (broad, excluding at risk) whose average was 0.90%.

B. According to the December 1, 2004, Child Count (618 data), in Mississippi 0.74% of infants, birth to one, received services outlined on an IFSP, compared to the national average of 0.92%, which excluded children at risk.

According to the December 1, 2005, Child Count (618 data), in Mississippi 0.50% of infants, birth to one, received services outlined on an IFSP, compared to the national average of 0.92%, which excluded children at risk.

Discussion of Baseline Data:

Mississippi is currently serving children birth to one year of age at a rate less than the national average and less than states with similar eligibility criteria. For this comparison, Mississippi used newly developed eligibility criteria rankings provided by OSEP based on the federal 618 Data tables submitted by states on December 1, 2004. Mississippi included our December 1, 2004 and 2005, 618 data since both were available at the time of submission of the SPP. The December 1, 2005, Child Count is considerably lower than the previous year. This drop can be accounted for by the relocation of families outside of Mississippi following Hurricane Katrina

Percentages served annually were calculated based upon the most current U.S. Census population estimates that are available with adjustments for annual state population growth. Comparisons to national percentages and states with similar eligibility criteria were based upon data excluding children at risk.

Although the Child Count raw data indicate that we were serving 207 infants birth to age one on December 1, 2005, during FFY2004 we served 884 infants who had an IFSP before their first birthday.

FFY	Measurable and Rigorous Targets for Indicator 5:
2005 **(2005-2006)**	**0.51%** of infants and toddlers birth to 1 will have IFSPs.
2006 **(2006-2007)**	**0.55%** of infants and toddlers birth to 1 will have IFSPs.
2007 **(2007-2008)**	**0.60%** of infants and toddlers birth to 1 will have IFSPs.
2008 **(2008-2009)**	**0.65%** of infants and toddlers birth to 1 will have IFSPs.
2009 **(2009-2010)**	**0.70%** of infants and toddlers birth to 1 will have IFSPs.
2010 **(2010-2011)**	**0.75%** of infants and toddlers birth to 1 will have IFSPs.

Improvement Activities/Timelines/Resources:

Activities to commence in the second half of FFY 2005 (2005-2006)

1. Create a central referral system at the First Steps Central Office to:
    a. Eliminate confusion over where or how to make referrals;
    b. Create and disperse a document depicting the "EI Umbrella;"
    c. Increase the reliability of data;
    d. Assign a unique identifying number for each child to be generated automatically by the data system rather than created by service coordinators, eliminating problems with duplication of ID numbers;
    e. Slightly decrease the amount of time spent entering data at the district level; and
    f. Give central office staff a clearer picture of the number of referrals from various sources.
2. Collaborate more effectively with referral sources from both the state and local levels.
3. Collaborate with DMH, MDE, and with other departments within MDH to form model evaluation/assessment teams.
    a. These teams will use best practices when conducting evaluations/assessments.
    b. New team members will be trained on a continual basis.
    c. Teams will choose appropriate instruments and team members based on the needs identified prior to the multidisciplinary evaluation and assessment. If new problems are identified, further assessment will be conducted.
    d. Assessment team members will be trained to act as coaches/consultants.
4. Disseminate new Child Find materials published in 2005 during professional meetings/conferences, by visiting providers and referral sources, and through mass mail outs to referral sources with personal follow-up.
5. Work with the Communications Department at MDH to publicize the EI program through media, including newspapers, newsletters, website information, and their new radio talk show. A five minute radio spot was recorded to air on Public Radio in Mississippi.
6. Visit hospitals and NICUs to discuss processes and procedures for making referrals. Further develop relationships between First Steps and hospital personnel who have contact with infants and their families.
7. Attend health fairs, local and state conferences (e.g., Mississippi Chapter of the Academy of Pediatrics, Mississippi Association of Family Practitioners, Mississippi Nurses Association, Nurse Practioners), and meetings to set up trade show displays; to distribute brochures, developmental checklists and posters; and to answer questions regarding EI.
8. Provide training: Please refer to the training activities for Indicators 1 and 2.

Activities to commence in FFY 2006 (2006-2007)

1. Work with each district to form evaluation/assessment teams or maximize effective use of the existing teams.
   a. These teams will use best practices when conducting evaluations/assessments.
   b. New team members will be trained on a continual basis.
   c. Teams will choose appropriate instruments and team members based on the needs identified prior to the multidisciplinary evaluation and assessment. If new problems are identified, further assessment will be conducted.
   d. Assessment team members will be trained to act as coaches/consultants.
2. Continue the other activities begun in FFY 2005.
3. Please refer to the activities for Indicator 1 and 2.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2007-2008:

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	Database changes			
A, B, F	Create a central referral system at the First Steps Central Office to: 1. Data entry 2. Referrals	FFY 2005 through FFY 2010	C.O. staff All referral sources	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
	Child Find activities			
G	1. Collaborate more effectively with referral sources from both the state and local levels	FFY 2005 through FFY 2010	All staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
E, F	2. Disseminate new Child Find materials published in 2005 during professional meetings/conferences; when visiting providers and referral sources; and through mass mail outs to referral sources with personal follow-up	FFY 2005 through FFY 2010	SCs DCs C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
F, G	3. Work with the Communications Department at MSDH to publicize the EI program through media, including: newspapers, newsletters, and website information. The year range brochures and tear-off sheets (1-12, 13-24, 25-36 months) are available in English, Spanish, and Vietnamese. These brochures continue to be provided to referral sources upon request and as part of child find activities. Updates to the website are made as needed.	FFY 2005 through FFY 2010	Part C Coordinator	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
F, G	4. Visit hospitals and NICUs to discuss processes and procedures for making referrals. Further develop relationships between First Steps and hospital personnel who have contact with infants and their families	FFY 2005 through FFY 2010	SCs and DCs	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
F	5. Attend health fairs, local and state conferences and meetings to set up trade show displays; to distribute brochures, developmental checklists and posters; and to answer questions regarding EI.	FFY 2005 through FFY 2010	SCs DCs C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
	Evaluation and Assessment			
F, G	1. Collaborate with DMH, MDE, and with other departments within MSDH to form model evaluation and assessment teams. In FFY 2006, this plan was revised to build teams where possible using available providers. Budget constraints prohibited forming the model teams.	FFY 2005	C.O. staff DCs	New in FFY 2005 Revised in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
C, E, F, G	2. Additional guidance was given to district staff and providers on the use of informed clinical opinion in making eligibility determinations and planning services for premature babies. The guiding document "Guidelines for Premature Infants, PHRM Referrals, and Hearing Loss" was developed and revised in FFY 2007.	FFY 2007 through FFY 2010	C.O. staff, DCs, SCs, and service providers	New in FFY 2007 Continuing in FFY 2008
	Training and Technical Assistance			
C	1. New service coordinator training was developed. The three day session was shortened to two full days to prevent delays in service coordinator responsibilities. The main content on the third day was IFSP development. IFSP training and follow-up is now provided within the district.	FFY 2006 through FFY 2010	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continuing in FFY 2008
D, F	2. Increase understanding of providers and potential referral sources of their responsibility to refer all children who may need early intervention services, within two days of identification	FFY 2007 through FFY 2010	SC,DC, C.O. staff	New in FFY 2007 Continuing in FFY 2008
C, D,	3. Through monitoring, training, and coaching ensure that the	FFY 2007	C.O. staff	New in FFY 2007 Continuing in FFY 2008

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	multidisciplinary team includes the members needed to identify and address the unique needs of families and children.	through FFY 2010		
C, D,	4. Emphasize through monitoring, training, and T/A more effective use of fiscal resources.	FFY 2007 through FFY 2010	C.O. staff	New in FFY 2007 Continuing in FFY 2008
F	5. Increase the number of teams available to perform evaluations and to provide services.	FFY 2007 through FFY 2010	DCs C.O. staff	New in FFY 2007 Continuing in FFY 2008

Explanations for activities revised in FFY 2007 and new activities in FFY 2008

While conducting general supervision activities and related technical assistance, the central office staff realized the need to give guidance in using informed clinical opinion when evaluating, assessing, and serving premature infants. The guiding document "Guidelines for Premature Infants, PHRM Referrals, and Hearing Loss" was developed in FFY 2007 by the Part C Coordinator. This guiding document has been covered in training with district staff, Department of Mental Health staff at each of the early intervention programs, staff at most of the Head Start programs, and other service providers within the health districts. Follow-up has been provided upon request and when the need is apparent to district or central office staff.

Child Find responsibilities are covered in detail in the service coordinator training. The topics include, but are not limited to, increased understanding of providers and potential referral sources of their responsibility to refer all children who may need early intervention services within two days of identification, and ensuring that the teams include the members needed to identify and address the unique needs of families and children. This training was shortened to two full days to avoid pulling service coordinators from the district for three consecutive days. The IFSP training that used to occur on the third day is now provided within the district. This training is individualized to meet the needs of the district staff and providers. It often includes coaching the individual or team prior to an actual IFSP meeting, facilitating IFSP development within an IFSP meeting (if necessary), and follow-up after the IFSP meeting.

Activities to commence in FFY 2009 (2009- 2010)

1. Evaluate the effectiveness of the above activities in meeting the SPP goals and make necessary changes. Utilize broad stakeholder input in this process

2. Continue through monitoring, training, and coaching to ensure that the multidisciplinary team includes the members needed to identify and address the unique needs of families and children

3. Continue to increase the number of teams available to perform evaluations and to provide services.

4. Continue to emphasize through monitoring, training and T/A more effective use of fiscal resources.

Activities to commence in FFY 2010 (2010-2011)

1. Evaluate the effectiveness of the above activities in meeting the SPP goals and make necessary changes. Utilize broad stakeholder input in this process
2. Provide training to address compliance and/or performance issues identified in the Annual Performance Reports and through monitoring activities. This training will be ongoing within each health district through coaching, mentoring, and embedded training/technical assistance.

Resources for Activities

Please refer to the resources for Indicator 1, unless otherwise specified.

Mississippi's Part C State Performance Plan for 2005-2010

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to:

A. Other States with similar eligibility definitions; and

B. National data.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

A. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.

B. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to National data.

Overview of Issue/Description of System or Process:

Please refer to the overview for Indicator 5. Toddler will be added to any reference to infant in Indicator 5.

Baseline Data for FFY 2004 (2004-2005):

A. According to the December 1, 2004, Child Count (618 data), in Mississippi 1.69% of infants and toddlers, birth to three, received services outlined on an IFSP, compared to states with similar eligibility criteria (broad, including at risk) whose average was 2.74%.

According to the December 1, 2004, Child Count (618 data), in Mississippi 1.69% of infants and toddlers, birth to three, received services outlined on an IFSP, compared to states with similar eligibility criteria (broad, excluding at risk) whose average was 2.11%.

According to the December 1, 2005, Child Count (618 data), in Mississippi 1.37% of infants and toddlers, birth to three, received services outlined on an IFSP, compared to states with similar eligibility criteria (broad, including at risk) whose average was 2.74%.

According to the December 1, 2005, Child Count (618 data), in Mississippi 1.37% of infants and toddlers, birth to three, received services outlined on an IFSP, compared to states with similar eligibility criteria (broad, excluding at risk) whose average was 2.11%.

B. According to the December 1, 2004, Child Count (618 data), in Mississippi 1.69% of infants and toddlers, birth to three, received services outlined on an IFSP, compared to the national average of 2.24% (excluding at risk).

According to the December 1, 2005, Child Count (618 data), in Mississippi 1.37% of infants and toddlers, birth to three, received services outlined on an IFSP, compared to the national average of 2.24% (excluding at risk).

Discussion of Baseline Data:

Mississippi is currently serving children birth to three years of age at a rate less than the national average and less than states with similar eligibility criteria. Mississippi's Part C system falls in the broad eligibility category. Mississippi does not serve children identified as being at risk.

For this comparison, Mississippi used newly developed eligibility criteria rankings provided by OSEP based on the federal 618 Data tables submitted by states on December 1, 2004. Mississippi included our December 1, 2004 and 2005, 618 data since both were available at the time of submission of the SPP. The December 1, 2005, Child Count is considerably lower than the previous year. This drop can be accounted for by the relocation of families outside of Mississippi following Hurricane Katrina. Percentages served annually were calculated based upon the most current U.S. Census population estimates that are available with adjustments for annual state population growth.

Although the Child Count raw data indicate that we were serving 1726 infants and toddlers birth to three on December 1, 2005, during FFY2004 we served 2700 children with an IFSP.

FFY	Measurable and Rigorous Targets for Indicator 6
2005 (2005-2006)	**1.43%** of infants and toddlers birth to 3 will have IFSPs.
2006 (2006-2007)	**1.53%** of infants and toddlers birth to 3 will have IFSPs.
2007 (2007-2008)	**1.68%** of infants and toddlers birth to 3 will have IFSPs.
2008 (2008-2009)	**1.78%** of infants and toddlers birth to 3 will have IFSPs.
2009 (2009-2010)	**1.88%** of infants and toddlers birth to 3 will have IFSPs.
2010 (2010-2011)	**1.98%** of infants and toddlers birth to 3 will have IFSPs.

Improvement Activities/Timelines/Resources:

Activities to commence in the second half of FFY 2005 (2005-2006)

Please refer to the activities for Indicator 5.

Activities to commence in FFY 2006 (2006-2007)

Please refer to the activities for Indicator ~~1~~ 5.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2007-2008:

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	Database changes			
A, B, F	Create a central referral system at the First Steps Central Office to: 3. Data entry 4. Referrals	FFY 2005 through FFY 2010	C.O. staff All referral sources	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
	Child Find activities			
G	Collaborate more effectively with referral sources from both the state and local levels	FFY 2005 through FFY 2010	All staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
E, F	Disseminate new Child Find materials published in 2005 during professional meetings/conferences, by visiting providers and referral sources, and through mass mail outs to referral sources with personal follow-up	FFY 2005 through FFY 2010	SCs DCs C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
F, G	Work with the Communications Department at MDH to publicize the EI program through media, including newspapers, newsletters, and website information. The year range brochures and tear-off sheets (1-12, 13-24, 25-36 months) are available in English, Spanish, and Vietnamese. These brochures continue to be provided to referral sources upon request and as part of child find activities. Updates to the website are made as needed.	FFY 2005 through FFY 2010	Part C Coordinator	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
F, G	Visit hospitals and NICUs to discuss processes and procedures for making referrals. Further develop relationships between First Steps and hospital personnel who have contact with infants and their families	FFY 2005 through FFY 2010	SCs and DCs	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
F	Attend health fairs, local and state conferences (e.g., Mississippi Chapter of the American Academy of Pediatrics, Mississippi Association of Family Practitioners, Mississippi Nurses Association, Nurse Practioners), and meetings to set up trade show displays; to distribute brochures, developmental checklists and posters and to answer questions regarding EI.	FFY 2005 through FFY 2010	SCs DCs C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	Evaluation and Assessment			
F, G	Collaborate with DMH, MDE, and with other departments within MDH to form model evaluation and assessment teams. In FFY 2006 this plan was revised to build teams where possible using available providers. Budget constraints prohibited forming the model teams.	FFY 2005	C.O. staff DCs	New in FFY 2005 Revised in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
C, E, F, G	Additional guidance was given to district staff and providers on the use of informed clinical opinion in making eligibility determinations and planning services for premature babies. The guiding document "Guidelines for Premature Infants, PHRM Referrals, and Hearing Loss" was developed and revised in FFY 2007.	FFY 2007 through FFY 2010	C.O. staff, DCs, SCs, and service providers	New in FFY 2007 Continuing in FFY 2008
	Training and Technical Assistance			
C	New service coordinator training was developed. The three day session was shortened to two full days to prevent delays in service coordinator responsibilities. The main content on the third day was IFSP development. IFSP training and follow-up is now provided within the district.	FFY 2006 through FFY 2010	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continuing in FFY 2008
D, F	Increase understanding by providers and potential referral sources of their responsibility to refer all children who may need early intervention services, within two days of identification	FFY 2007 through FFY 2010	SC,DC, C.O. staff	New in FFY 2007 Continuing in FFY 2008
C, D,	Through monitoring, training, and coaching ensure that the multidisciplinary team includes the members needed to identify and address the unique needs of families and children.	FFY 2007 through FFY 2010	C.O. staff	New in FFY 2007 Continuing in FFY 2008
C, D,	Emphasize through monitoring, training and T/A more effective use of fiscal resources.	FFY 2007 through FFY 2010	C.O. staff	New in FFY 2007 Continuing in FFY 2008
F	Increase the number of teams available to perform evaluations and to provide services.	FFY 2007 through FFY 2010	DCs C.O. staff	New in FFY 2007 Continuing in FFY 2008

Explanations for activities revised in FFY 2007 and new activities in FFY 2008

While conducting general supervision activities and related technical assistance, the central office staff realized the need to give guidance in using informed clinical opinion when evaluating, assessing, and serving premature infants. The guiding document "Guidelines for Premature Infants, PHRM Referrals, and Hearing Loss" was developed in FFY 2007 by the Part C Coordinator. This guiding document has been covered in training with district staff, Department of Mental Health staff at each of the early intervention programs, staff at most of the Head Start programs, and other service providers within the health districts. Follow-up has been provided upon request and when the need is apparent to district or central office staff.

Child Find responsibilities are covered in detail in the service coordinator training. The topics include, but are not limited to, increased understanding by providers and potential referral sources of their responsibility to refer all children who may need early intervention services within two days of identification, and ensuring that the teams includes the members needed to identify and address the unique needs of families and children. This training was shortened to two full days to avoid pulling service coordinators from the district for three consecutive days. The IFSP training that used to occur on the third day is now provided within the district. This training is individualized to meet the needs of the district staff and providers. It often includes coaching the individual or team prior to an actual IFSP meeting, facilitating IFSP development within an IFSP meeting (if necessary), and follow-up after the IFSP meeting.

Activities to commence in FFY 2009 (2009- 2010)

1. Please refer to the activities for Indicator 5
2. Evaluate the effectiveness of the above activities in meeting the SPP goals and make necessary changes. Utilize broad stakeholder input in this process
3. Continue conducting a public awareness campaign.
4. Continue to increase awareness of state office and local program toll-free numbers for Early Intervention.
5. Send a letter outlining improvement efforts in the Early Intervention system to members of the MS Chapter of the AAP. Include in the letter a referral form, sample of awareness materials, and order form
6. Continue to improve the EI homepage on the MSDH website..

Activities to commence in FFY 2010 (2010-2011)

1. Evaluate the effectiveness of the above activities in meeting the SPP goals and make necessary changes. Utilize broad stakeholder input in this process
2. Provide training to address compliance and/or performance issues identified in the Annual Performance Reports and through monitoring activities. This training will be ongoing within each health district through coaching, mentoring, and embedded training/technical assistance.

Resources for Activities

Please refer to the resources for Indicator 1, unless otherwise specified.

Mississippi's Part C State Performance Plan for 2005-2010

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

Percent = # of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline divided by # of eligible infants and toddlers evaluated and assessed times 100.

Account for untimely evaluations.

Overview of Issue/Description of System or Process:

1. Activities are being implemented through the State Improvement Plan to address 45-day timelines, timely provision of services, natural environment, Child Find, and accurate data. Activities include training and technical assistance on the appropriate use of multidisciplinary and transdisciplinary teams for evaluation/assessment, IFSP development, and service delivery; the benefits of providing services in natural settings; and on service delivery models incorporating best practices that support the provision of early intervention services in natural environments.
2. Changes resulting from intense collaboration with the Mississippi Department of Mental Health will begin on April 1, 2006. The expansion of the District IX pilot project is enhancing the quality and timeliness of multidisciplinary evaluations/assessments; increasing awareness of early intervention eligibility criteria; improving the quality of IFSPs; and improving timely provision of services.
3. The issues affecting child find include some of the same issues affecting the 45-day timeline and timely provision of services. Improved communication and increased collaboration are needed to more effectively utilize our state's resources. The number of teams available to conduct comprehensive evaluations and assessments is limited. Many providers use a medical model for evaluations and service provision and emphasize child-centered, direct therapies versus family-centered services, routines, and functional outcomes. Current services address each area of development in isolation from other services (multidisciplinary). Evaluations and IFSP development take longer because the multidisciplinary evaluation and the IFSP must be completed using discipline-specific reports. The reports may not aid the development of IFSPs to provide services in natural environments to the maximum extent appropriate to meet the unique needs of the child and family within normal routines.
4. Clarification of data entry requirements and improvements to FSIS render the data more accurate.

Baseline Data for FFY 2004 (2004-2005):

Of the 1331 children who were referred, evaluated, and found to be eligible, 959 (72%) had an IFSP meeting in 45 days or less; 372 (28%) had an IFSP meeting in more than 45 days. Late IFSPs were due to lack of service providers to conduct evaluations in a timely manner and difficulty coordinating evaluations with families' schedules. Because the data system was not configured to allow for

electronic quantification of the justifications, the number of family-based "justifiable" reasons for missing timelines is not given. Data were obtained from the FSIS database.

Discussion of Baseline Data:

Mississippi has an Improvement Plan, which was implemented on July 1, 2005, to address the 45-day timeline requirement. Data taken on December 31, 2005, indicate that from July 1-December 31, 2005, 81% of IFSPs were developed within 45 days of initial referral. Data were obtained from the FSIS database.

FFY	Measurable and Rigorous Targets for Indicator 7:
2005 **(2005-2006)**	**100% of** eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
2006 **(2006-2007)**	**100% of** eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
2007 **(2007-2008)**	**100% of** eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
2008 **(2008-2009)**	**100% of** eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
2009 **(2009-2010)**	**100% of** eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
2010 **(2010-2011)**	**100% of** eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.

Improvement Activities/Timelines/Resources:

Activities to commence in the second half of FFY 2005 (2005-2006)

1. Configure the data system to allow for electronic qualification and quantification of the justifications for missing timelines.
2. Please refer to the activities for Indicators 1 and 2.

Activities to commence in FFY 2006 (2006-2007)

Please refer to the activities for Indicator 1.

1. Increase the number of teams available to perform evaluations and to provide services. Seek providers with specialized treatment expertise and knowledge of normal development

2. Emphasize through monitoring, training and T/A more effective use of fiscal resources.

Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/Resources for 2007-2008:

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	Training/TA for staff & providers			
C	1. New service coordinator training was developed. The three day session was shortened to two full days to prevent delays in service coordinator responsibilities. The main content on the third day was IFSP development. IFSP training and follow-up is now provided within the district.	FFY 2006 through FFY 2010	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continuing in FFY 2008
C	2. Significant changes to the format of the IFSP were made in FFY 2006. By FFY 2007 the staff and providers were familiar with the new format. Follow-up training on the IFSP was provided within the district and included writing integrated outcomes and strengthening transition steps and services. IFSP training for new service coordinators and follow-up continue to be provided within the district. The follow-up is individualized and often includes coaching the individual or team prior to the IFSP meeting, facilitating IFSP development within an IFSP meeting (if necessary), and follow-up after the IFSP meeting. IFSP training within the district affords current staff opportunities to enhance their skills.	FFY2006 through FFY 2010	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continuing in FFY 2008
C	3. Training/TA on transdisciplinary play-based assessment.	FFY2007 through FFY 2010	C.O. staff	New in FFY 2007 Continuing in FFY 2008
	Database changes			
A	1. Configure the data system to allow for electronic qualification and quantification of the justifications for missing timelines.	FFY 2005	Data manager, District Staff	Completed in FFY 2005
	Provider Recruitment & Training			
F	1. In FFY 2007 information packets were mailed to SLPs licensed through the Mississippi State Department of Health (MSDH).	FFY 2007	C.O. staff	Completed in FFY 2007
F	2. In FFY 2008 a similar packet will be sent to licensed Occupational Therapists and Physical Therapist	FFY 2008	C.O. staff	New in FFY 2008

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	through MSDH. Ads will be developed and published in statewide newspapers in an attempt to recruit therapists into the EIS.			
F	3. During state fiscal year 2007, the Part C Coordinator requested Human Resources to change therapy rates and structure in an effort to recruit and retain therapists, while managing fiscal resources more effectively.	FFY 2007 through FFY 2008	C.O. staff	Completed in FFY 2007
	Retention & Recruitment of District Staff			
F	1. Service coordinator positions were realigned from Health Program Specialist to Health Program Specialist Sr., resulting in an approximate 10% raise	FFY 2008	C.O. staff	Completed in FFY 2007
F	2. Explore realignment or reclassification of district coordinators	FFY 2008	C.O. staff District Staff	New in FFY 2008
	Policies & Procedures			
E	1. Revision of policies and procedures	FFY 2005		Waiting on the release of the new Part C Regulations
E	2. Revised the Service Coordinator Manual to include changes in the IFSP directions, additional guidance on use of informed clinical opinion in determining eligibility and making recommendations for services, and changes in forms.	FFY 2006 through FFY 2010	Training & T/A : C.O. staff	Revised in FFY 2007 Continuing in FFY 2008
E	3. New forms and procedures have been developed to aid in fiscal monitoring, data verification, and resource management.	FFY 2007 through FFY 2010	Training & T/A : C.O. staff	Completed in FFY 2007

Explanations for activities revised in FFY 2007 and new activities in FFY 2008

Training/TA for staff & providers: Service Coordinator training was shortened to two full days. Pulling service coordinators from the district for three consecutive days was stressful for them. IFSP training and follow-up is provided within the district. The IFSP training that used to occur on the third day is now provided within the district. This training is individualized to meet the needs of the district staff and providers. It often includes coaching the individual or team prior to the IFSP meeting, facilitating IFSP development within an IFSP meeting (if necessary), and follow-up after the IFSP meeting.

Training and coaching in FFY 2007 was done upon request or when general supervision activities indicated the need for training or coaching. In 2008 there will be comprehensive training that supports the activities needed to strengthen our transdisciplinary play-based evaluations and assessments, IFSP development, and providing services using a primary service provider (PSP) model of service delivery.

Provider Recruitment & Training: In federal fiscal year 2008, a similar packet will be sent to licensed OTs and PTs. Ads will be developed and published in statewide newspapers in an attempt to recruit

therapists into the early intervention system. A similar activity in FFY 2007 generated both referrals and inquiries about SLP positions in FFY 2007.

Retention & Recruitment of District Staff: Exploration of realignment or reclassification of district coordinators will begin in FFY 2008. In the past seventeen years, the only raises received were state raises. The alignment that occurred yielded a title but no increase in pay. This activity is needed to retain and recruit staff.

Policies & Procedures: The Service Coordinator Manual was revised to include changes in the IFSP directions, additional guidance on use of informed clinical opinion in determining eligibility, and making recommendations for services, and changes in forms. Changes were made to the IFSP directions for clarity of how to complete a functional individualized IFSP. Evaluation teams needed a better understanding of when to rule infants/toddlers eligible for EIS when there no percentage of delay as a result of completing testing protocols. Evaluation teams are now knowledgeable on how to make recommendations that address the needs of the 'whole' child instead of domain or developmental area specific. Forms were changed for user friendly purposes and to gather more information.

Activities to commence in FFY 2009 (2009- 2010)

1. Evaluate the effectiveness of the above activities in meeting the SPP goals and make necessary changes. Utilize broad stakeholder input in this process.
2. Provide training to address compliance and/or performance issues identified in the Annual Performance Reports and through monitoring activities. This training will be ongoing within each health district through coaching, mentoring, and embedded training/technical assistance

Activities to commence in FFY 2010 (2010-2011)

1. Evaluate the effectiveness of the above activities in meeting the SPP goals and make necessary changes. Utilize broad stakeholder input in this process
2. Provide training to address compliance and/or performance issues identified in the Annual Performance Reports and through monitoring activities. This training will be ongoing within each health district through coaching, mentoring, and embedded training/technical assistance.

Resources for Activities

Please refer to the resources for Indicator 1, unless otherwise specified.

Mississippi's Part C State Performance Plan for 2005-2010

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:

A. IFSPs with transition steps and services;
B. Notification to LEA, if child potentially eligible for Part B; and
C. Transition conference, if child potentially eligible for Part B.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

A. Percent = # of children exiting Part C who have an IFSP with transition steps and services divided by # of children exiting Part C times 100.

B. Percent = # of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.

C. Percent = # of children exiting Part C and potentially eligible for Part B where the transition conference occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.

Overview of Issue/Description of System or Process:

1. Transition services will continue to improve as a result of the collaborative effort with local school districts which began as a "pilot project" in Health District IX. This project has already expanded from most school districts in Health District IX to some school districts in Health District VIII. Meetings are scheduled with school districts within most of the other health districts to explore similar collaborative relationships. In District IX, school districts participating in the pilot project have a representative on one of the early intervention teams that conduct comprehensive multidisciplinary evaluations and assessments. In these school districts, eligibility for Part B is considered concurrently with Part C using the same evaluation and assessment information. The developmental history was revised to meet the requirements for Part C, Part B, and the Department of Mental Health. The bulk of the information is gathered once and updated as needed. Involvement of Part B staff in the multidisciplinary evaluation/assessment for Part C enhances the transition process by increasing Part B's knowledge of their future students.
2. The specifics of the transition process vary among the health districts. Some notify the local school district soon after the child is referred to them while others wait until the transition process must begin. The materials used to inform parents of the transition process vary across the state. The stakeholder group, which met on October 25-26, 2005, recommended making the transition planning and procedures uniform across the state.

Baseline Data for FFY 2004 (2004-2005):

a) Of the 1055 children exiting Part C, transition steps and services were documented 440 times (42%). Children's names were taken from the database, but steps and services were tabulated by hand. The data included all children with birth dates between July 1, 2001, and June 30, 2002, who received EI services during the FFY 2004.

b) Of the 1015 children exiting Part C who were potentially eligible for Part B, notification to the LEA occurred 329 times (32%). Data were obtained from the FSIS database.

c) Of the 1015 children exiting Part C who were potentially eligible for Part B, the transition conference occurred 545 times (54%). Data were obtained from the FSIS database.

Discussion of Baseline Data:

FSIS does not contain fields for documenting transition steps and services. This information was requested from districts and provided through pencil/paper tabulation. Questions generated by this request indicate that SCs have difficulty determining when, which, and how to enter transition information in the current FSIS fields and the need to clearly define "potentially eligible for Part B." Addressing the transition questions will result in more accurate recording of the transition activities which are occurring. Potentially eligible for Part B will be defined as "being served with an IFSP until the child's transition date or until the child is three years old."

FFY	Measurable and Rigorous Targets for Indicator 8
2005 (2005-2006)	A. **100%** of children exiting Part C will have an IFSP with transition steps and services. B. The LEA will be notified for **100%** of the children exiting Part C and potentially eligible for Part B. C. The transition conference will occur for **100%** of the children exiting Part C and potentially eligible for Part B.
2006 (2006-2007)	A. **100%** of children exiting Part C will have an IFSP with transition steps and services. B. The LEA will be notified for **100%** of the children exiting Part C and potentially eligible for Part B. C. The transition conference will occur for **100%** of the children exiting Part C and potentially eligible for Part B.
2007 (2007-2008)	A. **100%** of children exiting Part C will have an IFSP with transition steps and services. B. The LEA will be notified for **100%** of the children exiting Part C and potentially eligible for Part B. C. The transition conference will occur for **100%** of the children exiting Part C and potentially eligible for Part B.
2008 (2008-2009)	A. **100%** of children exiting Part C will have an IFSP with transition steps and services. B. The LEA will be notified for **100%** of the children exiting Part C and potentially eligible for Part B. C. The transition conference will occur for **100%** of the children exiting Part C and potentially eligible for Part B.
2009 (2009-2010)	A. **100%** of children exiting Part C will have an IFSP with transition steps and services. B. The LEA will be notified for **100%** of the children exiting Part C and potentially eligible for Part B. C. The transition conference will occur for **100%** of the children exiting Part C and potentially eligible for Part B.
2010 (2010-2011)	A. **100%** of children exiting Part C will have an IFSP with transition steps and services. B. The LEA will be notified for **100%** of the children exiting Part C and potentially eligible for Part B. C. The transition conference will occur for **100%** of the children exiting Part C and potentially eligible for Part B.

Improvement Activities/Timelines/Resources:

Activities to commence in the second half of FFY 2005 (2005-2006)

1. Encourage Part B staff to participate on the multidisciplinary teams to facilitate determining eligibility for Part B concurrently with Part C.
2. Collaborate with agencies to develop forms that meet the requirements for Part C and Part B evaluations and assessments, IFSP development and service provider documentation.
3. Potentially eligible for Part B will be defined as "being served with an IFSP until the child's transition date or until the child is three years old."
4. Develop materials which clearly describe evaluation/assessment procedures, eligibility criteria, service provision, and transition processes, including the differences between Part C and Part B.
5. Develop a handout which addresses the roles of a parent advisor, including their role in transition, and cover this information in training.
6. Collaborate with MDE parents to achieve statewide consistency in addressing the transition process, including concerns related to differences between eligibility criteria, family rights, and services under Part C and Part B.
7. Provide training and technical assistance on:
    a. Transition steps and services (the activities, documentation, and data entry):
        i) When the child qualifies for Part B services,
        ii) When the child does not qualify for Part B services; and
    b. The differences between Part C and Part B.
8. Revise FSIS to capture the transition steps and services. Transition steps and services will be included for all children who have transition during the respective FFY or who are within 9 months of their third birthday when the respective FFY ends.
9. Work with Part B to revise FSIS and MSIS so that data can be shared electronically.
10. Please refer to Indicator 1, **Activities to commence in the second half of FFY 2005,** Activity 5.

Activities to commence in FFY 2006 (2006-2007)

Please refer to the activities for Indicator 1.

1. Add a field in the child Registry to record that transition steps and services are included in the IFSP.

2. Emphasize the importance of each component of Transition Steps and Services in all IFSP trainings and cover how to input the data. Provide technical assistance when necessary.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2007-2008:

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	Issues related to differences in eligibility & services under Part C and Part B			
F	1. Encourage Part B staff to participate on the multidisciplinary teams to facilitate determining eligibility for Part B concurrently with Part C. This has been ongoing in parts of health districts VIII and IX. of the state.	FFY 2005 through FFY 2010	SC,DC, C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
E, F, G	2. Collaborate with agencies to develop forms that meet the requirements for Part C and Part B evaluations and assessments, IFSP development and service provider documentation	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
E, F, G	3. Develop materials which clearly describe evaluation/assessment procedures, eligibility criteria, service provision, and transition processes, including the differences between Part C and Part B.	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
E, F, G	4. Collaborate with MDE to achieve statewide consistency in addressing the transition process, including concerns related to differences between eligibility criteria, family rights, and services under Part C and Part B. In FFY 2008, Part C will be participating with Mississippi Department of Education in transition training designed to increase awareness and enhance Part B/Part C collaboration at the local level.	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Revised in FFY2008
C	5. Provide training and technical assistance on: a. Transition steps and services (the activities, documentation, and data entry): i. When the child qualifies for Part B services; ii. When the child does not qualify for Part B services; and b. The differences between Part C and Part B.	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Revised in FFY2008
	Definition of "potentially eligible for Part B"			
A,G	Potentially eligible for Part B will be defined as "being served with an IFSP until the child's transition date or until the child is three years old." Discussions with MDE regarding the electronic transfer of child find contact information led to changing the definition of "potentially eligible for Part B" to include "children still receiving Part C services after 2 years and 6 months of age who continue to be served with an IFSP until the child's transition date or until the child is three years old."	FFY 2005 through FFY 2010	C.O. staff	Completed in FFY 2005 Revised in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
	Parent Advisors			
F	Develop a handout which addresses the roles of a parent advisor, including their role in transition, and cover this information in training.	FFY 2005 through FFY 2010	C.O. staff	Revised in FFY 2008

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	Training & Technical Assistance			
C, F	1. Special emphasis will be placed on improving the quality of Transition Steps and Services:	FFY 2008	C.O. staff	New in FFY 2008
C, F	2. Provide training and technical assistance on Infant/Toddler, and Family Rights for staff, providers, and parent/guardians. This will involve covering both the rights and conflict resolution.	FFY 2008	C.O. staff	New in FFY 2008
A, D	3. The service coordinators will refer all parents who do not want the LEA involved to the central office. This will allow the central office staff to explain the requirement and allow the service coordinator to maintain rapport with the family	FFY 2007 through FFY 2010	SCs	New in FFY 2007 Continuing in FFY 2008
	Database changes			
A	1. Revise FSIS to capture the transition steps and services and meeting date In FFY 2007, FSIS was revised to add calculations for the date the child will be 27, 30, 33, and 36 months and the date that MDE was notified of a child "potentially eligible for Part B." FSIS, will be revised to allow entry of justifications, declining LEA involvement, and declining to have a transition meeting	FFY 2005 through FFY 2010	Data manager	New in FFY 2005 Revised in FFY 2006 Revised in FFY 2007 Revised in FFY 2008
A, G	2. Work with Part B to revise FSIS and MSIS so that data can be shared electronically. In FFY 2008, the process will change to submit data on a monthly basis and not only when requested by the data manager at MDE.	FFY 2005 through FFY 2010	Data manager	Completed in FFY 2007 Revised in FFY 2008

Explanations for activities revised in FFY 2007 and new activities in FFY 2008

Special emphasis will be placed on improving Transition Steps and Services for all children exiting Part C services and on providing seamless transitions for children who are eligible for Part B services. This requires collaboration with Part B both at the state and local level to ensure that communication is occurring and the minimal requirements for both Part B and Part C are met. MDE is sponsoring statewide training involving the local school district staff, Part C service coordinators and district coordinators, Department of Mental Health early intervention staff, and Head Start staff. This training provides the basic requirements and encourages collaboration at the local level. Local level staff will be encouraged to develop a memorandum of understanding. Collaboration at the state level will encourage problem-solving, designing training to address critical skills and information, and will facilitate transfer of information required for compliance with this indicator.

This joint training will encourage Part B staff to participate on the multidisciplinary teams to facilitate determining eligibility for Part B concurrently with Part C. This is the first time that most of the Part B staff will have received information from MDE staff about the option of conducting the multidisciplinary evaluation/assessment in a manner that allows determination of both Part C and Part B eligibility.

Service coordinators and district coordinators are gaining a better understanding of the Part B requirements. This knowledge will help them develop better transition plans and explain more effectively to their families the differences between the programs. In addition to this training, emphasis is being placed on strengthening transition planning, documentation, and the capability to document all relevant information in the database. This is being accomplished in the IFSP update sessions that often are scheduled at the district level; through information given to the district coordinators in a statewide conference call; and through the procedures being used to improve the database.

The improvements to the database include providing the means to enter justifications for delayed transition steps and services and a delayed transition meeting. Service coordinators will be able to indicate if the parent declined LEA involvement in the transition meeting and if the parent declined to participate in a transition meeting. Plans include building reports that allow the district staff to access the information that will be transferred to MDE at the end of the month; to receive reminders of transition activities that need to occur within the next month; and to receive reminders about any justifications that are needed or that need additional information added.

Offering training to parents on their rights and exercising their advocacy skills is being planned. This involves working with service coordinators and parent advisors to strengthen their coaching skills. Plans are to use advocacy groups to enhance this process and to offer specific training to parents throughout the state that will increase their knowledge of and comfort in exercising their rights; allow them to more effectively communicate their child's needs; and enhance their ability to help their child develop and learn.

Parent advisor roles have been determined at the local level. Health Districts III, IV, and IX have a person in this role and either refer to them as a parent advisor or a parent liaison. The parent advisors realized the need to define their roles and increase effective utilization of their skills. They have been instrumental in developing resources about the transition process and plan to be actively involved in strengthening transition steps and services.

Activities to commence in FFY 2009 (2009- 2010)

1. Evaluate the effectiveness of the above activities in meeting the SPP goals and make necessary changes. Utilize broad stakeholder input in this process
2. Continue emphasis on improvement of Transition Steps and Service activities
3. Continue emphasis on improvement of documentation of transition steps and services.
4. Continue collaboration with MDE to ensure that children “potentially eligible for Part B” are evaluated in time to allow for a smooth transition to Part B or other programs.
5. Continue to provide training and technical assistance on Infant/Toddler, and Family Rights for staff, providers, and parent/guardians.
6. Through training and coaching improve the presentation to parents (and subsequent conversations) about the differences between n Part C and Part B .

Activities to commence in FFY 2010 (2010-2011)

1. Evaluate the effectiveness of the above activities in meeting the SPP goals and make necessary changes. Utilize broad stakeholder input in this process
2. Provide training to address compliance and/or performance issues identified in the Annual Performance Reports and through monitoring activities. This training will be ongoing within each health district through coaching, mentoring, and embedded training/technical assistance.

Resources for Activities

Please refer to the resources for Indicator 1, unless otherwise specified.

Mississippi's Part C State Performance Plan for 2005-2010

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: (beginning with FFY 2005)

Percent of noncompliance corrected within one year of identification:

a. # of findings of noncompliance.
b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = [(b) divided by (a)] times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

Overview of Issue/Description of System or Process:

1. The transition to a focused monitoring process will begin in May 2006, after the districts receive training on the changes in the process. The monitoring instruments and training materials are being developed. FSIS data were used to determine the order of the monitoring visits and will be used to determine priorities in conducting the monitoring visit. The focus of each district's monitoring visits will be to investigate and address factors negatively impacting EI services. The factors will be identified through data patterns, the district's self-review, informal complaints, findings of the quality monitors, and factors identified in the process of monitoring and providing technical assistance. The monitoring team will work with the district staff to identify and address the factors. The process will be tailored to address the needs in each district. Monitoring goals include identifying, enhancing and utilizing the district's strengths as well as addressing weaknesses. The goal is to have a draft improvement plan developed before the team leader leaves the health district and to provide training and technical assistance as systemic findings and noncompliance are identified.

2. The new monitoring process will replace the current process described in the following sections. The current process has been implemented, but not systematically. Monitoring was primarily conducted as a result of informal complaints and concerns directed to the Quality Monitors or to the staff the Part C Services Branch. Documentation associated with the current approach is not quantifiable.

3. First Steps, Mississippi's Infant and Toddler Early Intervention Program, is a Division of the MDH Office of Health Services, Bureau of Child and Adolescent Health. The Division is organized into four areas of emphasis. The Division oversees all aspects of Part C implementation. It has programmatic and policy responsibility for the activities of the district early intervention staff. The Division is the primary liaison to all other public and private agencies providing early intervention services (EIS) statewide.

   The Part C Program Integrity Branch ensures the appropriate use of Part C grant funds throughout the state. The Branch monitors the expenditure of Part C resources by public health districts to ensure availability of necessary resources statewide. The Branch negotiates contracts, monitors contract terms, and supervises the monitoring of quality service delivery of services statewide with the assistance of contractual personnel and public health district staff. The Branch oversees service delivery contracts functioning in multiple public health districts.

The Part C Services Branch oversees core implementation activities such as service coordination, child find, evaluation and assessment, individualized family service planning, service delivery, and transition processes. Additionally, the Branch oversees targeted case management (TCM), compliance monitoring activities of the public health districts, training, and technical assistance.

Each of these branches has monitoring responsibilities that overlap at the point of service delivery to the child and family. Each is capable of identifying and correcting isolated or systemic non-compliance. The work of each branch affects training and technical assistance , service delivery, data collection, and other aspects of implementation.

Early Hearing Detection and Intervention Program in Mississippi (EHDI-M) oversees the state's universal newborn hearing screening (UNHS) program and hearing intervention activities. This system serves as a significant source of referrals to First Steps. It also promotes personal contact with hospitals with labor and delivery services statewide. The original screening equipment was purchased with Part C funds. All UNHS equipment was replaced in 2004 with funds contributed from third party earnings from other MDH child health programs. Through UNHS greater than 96% of all live births in hospitals are screened and 100% of infants identified with bilateral hearing loss are referred to First Steps. Hearing Resource Consultants (HRCs) work directly with families and providers from screening through treatment. The HRCs are a part of the IFSP team for these children and families. This unit's activities have been reviewed by the Health Resources and Services Administration (HRSA) and received commendations for overall performance.

Information Management oversees the First Steps Information System (FSIS) and other subordinant data collection and management activities of the division. The FSIS has been under a constant state of development/improvement to allow for the necessary collection of data to meet the 618 data reporting requirements, improve state and local management capacity, address the need to collect outcome oriented data, and to increase service coordination efficiency. Information Management supports statewide staff and provides data analysis, system design, and reports necessary to fullfill all data reporting and programmatic requirements.

Two programs outside the Office of Health Services assist with monitoring activities. The MDH Office of Finance and Administration, Service Quality and Internal Audit programs (see monitoring Attachment 3), provide additional insight into the activities of the district and field staff. Findings are shared with district and central office staff.

Data from a variety of sources are used to identify isolated and systemic issues. The FSIS has become a formidable tool in identification of isolated and systemic noncompliance. Its utility in this arena continues to be developed. The ability to identify service delivery issues down to the child level and strengthen the integrity of the service coordination, service delivery, and monitoring processes seems to be great. We continue to work toward system enhancement to capture and report child and family outcome data as well. The following diagram depicts the monitoring processes and activities of the MDH as Part C lead agency.

Lead Agency Primary Monitoring Processes

The MDH district and county service coordination staff are all employees of the lead agency. Public Health Districts in Mississippi are not autonomous, independently functioning entities.

Process	Action
Service Coordination	The Service Coordinator monitors the delivery of EIS, parent needs, and parent/ child provider interaction to ensure consistency with Individualized Family Service Plan (IFSP) terms. This activity is on-going and required by service coordinator performance standards. Service Coordinators are required to make one family contact per month and one face-to-face contact with the family in the presence of the child quarterly. In Mississippi, service coordination is a dedicated process.
District Coordination	The District Coordinator monitors the delivery of EIS, local expenditure of funds, service coordinator activities, and coordination of activities among multiple agencies. The District Coordinator monitors the accuracy of the FSIS data continually as part of the service coordination supervision process. Ten percent of service coordination physical case records are reviewed quarterly according to monitoring requirements. Findings are documented consistent with district monitoring requirements. Annually, approximately 40% of all service coordination records are reviewed by district coordinators. District coordinators also review the documentation submitted by contractors to substantiate billing on a monthly basis. This information is compared to FSIS information to ensure consistency with the most recent IFSP. Findings meeting a specific level of significance must be reported to the First Steps Central Office. This is primarily a compliance review.

Process	Action
Quality Assurance	The MDH quality assurance (peer) monitors interact directly with service providers to improve the overall quality and appropriateness of EIS. The peer monitors review physical documentation and interview providers, service coordinators, and parents as part of the quality review process. All findings are submitted to the District Coordinator and the First Steps Central Office regardless of the significance. The goal of this activity is to review and report on 50% of providers regionally per year. Reports are used by the central office to ensure compliance and address the need for additional provider training on an individual or regional basis. The peer monitors conduct truly randomized reviews; conduct reviews as requested by the central office or District Coordinator, or conduct follow-up activities to ensure appropriate corrective action has been taken. This is an on-going compliance and quality review. This activity is part of the Program Integrity Branch.
TCM Monitoring	The MDH implemented TCM activities statewide in 2003 under a Medicaid plan amendment. To assure a high degree of accuracy in the claims filing process, a TCM monitor was placed in the Services Branch. The function of the monitor is to review cases for timeliness, accuracy, and completeness with regard to the service coordination process and individual service coordinator responsibilities. This activity encompasses a physical review of service coordination case records and an analysis of FSIS accuracy. The TCM monitor uses a combination of First Steps monitoring tools and other methods. This activity is conducted routinely and at random throughout the state. The TCM monitor's summary monitoring documents are an additional tool for ensuring compliance. Findings are shared with the District Coordinator and Service Coordinator upon exit. Requests for corrective action are prepared with the concurrence of the Services Branch Director and/or the Part C Director. District Coordinators must submit written documentation that corrective action has been taken within thirty days of the review. Follow–up reviews are scheduled as necessary to ensure corrective action has taken place. This is an on-going compliance review and is part of the Services Branch.
Interagency Monitoring	Broader in context than any process previously described, interagency monitoring ensures families have access to fluid and coordinated EIS through the Mississippi Department of Mental Health (MDMH) Regional Center Early Intervention Programs (EIPs). The MDH ensures compliance of the MDMH/EIPs through this process. Case records of the service coordinator and the MDMH program (the actual number depends upon the size of the MDMH program but it is at least 10%) are reviewed simultaneously to identify compliance issues created by interagency coordination. Corrective action plans are initiated that may require interagency training, staff meetings, and discussions. This type of review is capable of identifying individual and regional compliance issues, training needs, and overarching opportunities to improve policy and procedures. Each District Coordinator and EIP director must send a written plan of corrective action to their respective state office. Follow–up reviews are scheduled as necessary to ensure corrective action has taken place. This is an on-going compliance review. This activity is part of the Services Branch. Thirty to sixty days are allowed for corrective action to take place depending on the nature of the issue.

The implementation of the process described above has led to addressing issues of individual clients and their families but not systemic issues, other than the actions of one agency providing services resulting in termination of the contract. Coordination among the monitoring efforts began in the fall of 2005 between the quality monitors and the OMAS. Within the past six months, District Work Plans have been developed and monitored. The effectiveness of the district self review has depended on the effort of the district coordinator. Review and update of District Work Plans has not occurred on a regular basis.

Baseline Data for FFY 2004 (2004-2005):

Various systems for record keeping exist. The combination of systems does not lend itself to electronically quantifiable data regarding complaints on the local or state levels. The numbers recorded below were obtained from District Coordinators who forwarded their data to the Central Office. The current system needs to be redesigned to allow for systematic recording of this information.

Informal complaints = Not captured in the data system
Formal signed written complaints = 0
Mediations = 0
Requests for Due Process Hearings = 0

Discussion of Baseline Data:

There was not a comprehensive system which differentiates between signed and unsigned complaints and complaints reported in writing and orally. Please refer to Indicator 10 for more discussion on complaints; Indicator 11 for more discussion on due process hearing requests that were fully adjudicated within the applicable timeline; and Indicator 13 for more discussion on mediations held that resulted in mediation agreements.

FFY	Measurable and Rigorous Targets for Indicator 9
2005 **(2005-2006)**	A. **100%** of noncompliance related to monitoring priority areas and indicators will be corrected within one year of identification. B. **100%** of noncompliance related to areas not included in the above monitoring priority areas and indicators will be corrected within one year of identification. C. **100%** of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) will be corrected within one year of identification.
2006 **(2006-2007)**	A. **100%** of noncompliance related to monitoring priority areas and indicators will be corrected within one year of identification. B. **100%** of noncompliance related to areas not included in the above monitoring priority areas and indicators will be corrected within one year of identification. C. **100%** of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) will be corrected within one year of identification.
2007 **(2007-2008)**	A. **100%** of noncompliance related to monitoring priority areas and indicators will be corrected within one year of identification. B. **100%** of noncompliance related to areas not included in the above monitoring priority areas and indicators will be corrected within one year of identification. C. **100%** of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) will be corrected within one year of identification.

2008 **(2008-2009)**	A. **100%** of noncompliance related to monitoring priority areas and indicators will be corrected within one year of identification. B. **100%** of noncompliance related to areas not included in the above monitoring priority areas and indicators will be corrected within one year of identification. C. **100%** of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) will be corrected within one year of identification.
2009 **(2009-2010)**	A. **100%** of noncompliance related to monitoring priority areas and indicators will be corrected within one year of identification. B. **100%** of noncompliance related to areas not included in the above monitoring priority areas and indicators will be corrected within one year of identification. C. **100%** of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) will be corrected within one year of identification.
2010 **(2010-2011)**	A. **100%** of noncompliance related to monitoring priority areas and indicators will be corrected within one year of identification. B. **100%** of noncompliance related to areas not included in the above monitoring priority areas and indicators will be corrected within one year of identification. C. **100%** of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) will be corrected within one year of identification.

Improvement Activities/Timelines/Resources:

Activities to commence in the second half of FFY 2005 (2005-2006)

1. Begin revision of the Policies and Procedures to address changes in IDEA'04.
2. Complaints, Mediation, Due Process Hearings
    a. Write procedures to address the handling of complaints, mediation, and due process hearings.
    b. Revise procedural safeguards and develop supporting training materials and information to facilitate exercising of rights.
    c. Develop necessary forms (for complaints, mediation requests, due process hearing requests, and record keeping of contacts and results).
3. Monitoring
    a. Replace the current monitoring activities with a process of focused monitoring, which includes components to identify and address compliance issues.
    b. Develop instruments.
    c. Develop training.
    d. Submit monitoring framework to OSEP, NECTAC, and SERRC for review and feedback.
4. Training and technical assistance
    a. On Family Rights (what they entail and how to effectively educate parents/guardians and caregivers);
    b. On Complaints, Mediation, and Due Process Hearings with an emphasis on problem solving to avoid a need for formal, protracted processes to resolve complaints; and

c. On the monitoring process
   i) The reasons to monitor,
   ii) The process,
   iii) Effective record keeping and data entry, and
   iv) Effective follow-up.

Configure the FSIS data base to capture information about:

d. written signed complaints,
e. mediation requests,
f. due process requests,
g. correction of non-compliance, and
h. correction of systemic performance problems related to monitoring priority areas and indicators.

Activities to commence in FFY 2006 (2006-2007)

1. Continue the changes made in the second half of 2005.
2. Evaluate the effectiveness of the above activities and make necessary changes. Utilize broad stakeholder input in this process.
3. Make changes associated with requirements in the federal regulations for Part C of IDEA'04.
4. Contract with providers willing to make needed improvements identified through the General Supervision System.
5. Provide training on:
   a. The new Policies and Procedures and
   b. The monitoring process.

Activities to commence in FFY 2007 (2007-2008)

1. Evaluate the effectiveness of the above activities and make necessary changes. Utilize broad stakeholder input in this process.
2. Provide training and technical assistance :
   a. On improvement activities identified during the monitoring process;
   b. For new district staff and service providers. The majority of this training and technical assistance will occur within each health district with follow-up through embedded training, coaching, and mentoring on a continuous basis.
3. Mississippi is working with MSDH administration to develop a matrix of sanctions and enforcement actions that will be used when correction of noncompliance does not occur within the required timeframe.
4. Data Verification (Beginning January 2008):

A. Data Reports: Data pulled for the APR (7/1/06 to 6/30/07) and two progress notes (7/1/07 to 12/31/08 AND 1/1/08 to 4/31/08) will be used to determine if the districts are in compliance with Indicators 1, 2 (child-based justifications), 7, 8, 9, 11, and 14 and performance indicators 2, 5, and 6. When a compliance indicator is not met, the district will be notified of the finding of noncompliance and the time period in which correction must occur. If progress is not being made toward meeting a performance indicator, the district will develop a plan of correction. If expected

progress is not evident by the next reporting period, the district will be notified of a finding of noncompliance and the time period in which correction must occur.

B. Data Verification visits: Data verification is a joint effort including both central office and health district staff. During each quarter at least the following number of records will be compared to FSIS data. The records reviewed by the district coordinator (DC) and the quality monitor (QM) will not overlap.

Type of case record to review each quarter	DC	QM
active case records with an IFSP	10%	10%
active case records without an IFSP	3	3
inactive case records	PRN	~~3~~ 1
tracking case records	PRN	~~3~~ 1

The verification involves ensuring:

critical information is in the child's EI record;
critical information and FSIS data match;
documentation suggests good service coordination and EI services that meet the unique needs of the child and their family.
records for the quality monitors' sample of "active cases with an IFSP" are consistent with billing records.

Errors are corrected immediately. If an activity must occur before the data can be entered, the activity will be scheduled in a timely manner. The quality monitor or other central office staff member will check for correction no later than 30 days from the data verification visit. Technical assistance will be provided when an error is found. If extensive technical assistance is needed, this will be scheduled as soon as possible. Follow-up may involve observations and interviews (e.g., when problems involving multidisciplinary evaluation/assessment, IFSP development, and/or service provision are found). This follow-up will lead to findings if there are at least 3 sources of information and two different methods. Systemic noncompliance will be the finding if the problem occurs throughout the district or regularly in the activities of one or more district staff members or service provider(s).

Information from the data verification will be used to determine is the FSIS data and data reports are valid and reliable. As mentioned under data reports, the results of the data reports may result in findings of noncompliance.

Revisions, <u>with Justification</u>, to Proposed Targets / Improvement Activities / Timelines / Resources for 2008 – 2009

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
B	Compliance Monitoring	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2006 Revised in FFY 2007 Revised in FFY 2008
B	Focused Monitoring	FFY 2006 through FFY 2010	C.O. staff and other assigned monitors	New in FFY 2006 Revised in FFY 2007 Revised in FFY 2008
D	Technical Assistance	FFY 2005 through FFY 2010	Quality monitors, C.O staff, and other resources	Revised in FFY 2008
A, B	Data Verification	FFY 2007	Quality monitors and	Revised in FFY2008

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
		through FFY 2010	other C.O staff	
D	Targeted Technical Assistance	FFY2007 through FFY 2010	Quality monitors, C.O staff, and other resources	New in FFY 2007 Revised in FFY 2008
A	Database changes to improve data entry, retrieval, and review.	FFY2007 through FFY 2010	Data manager District staff	Revised in FFY2008
B	Sanctions and Enforcement Actions:	FFY2007	MSDH administration	New in FFY 2007
B	Identify one point in time during the SPP/APR reporting period to review compliance data from the database	FFY2008	District coordinators and C.O staff	New in FFY 2008
B	Verify correction of noncompliance based on a review of updated data to determine if the program is correctly implementing the specific statutory or regulatory requirement(s).	FFY2008	Monitoring teams	New in FFY 2008
B	Service Verification: The district coordinator will review the same active case records reviewed for the data verification to determine if the services are being implemented as specified on the current IFSP.	FFY2008	DCs	New in FFY 2008

Explanations for activities revised in FFY 2007 and new activities in FFY 2008

Database Changes

1. Changes to the database will be made to allow data to be entered, accessed, and reviewed in an efficient manner. Staff will be able to tailor reports to meet their needs.
2. First Steps Information System (FSIS):
   a. Add the function of entering justifications for timely provision of services and transition directly into FSIS.
   b. Configure FSIS to capture information about
      i. correction of noncompliance and
      ii. correction of systematic performance problems related to monitoring priority areas and indicators.

General Supervision Activities

1. Identify one point in time during the SPP/APR reporting period to review compliance data from the database.
2. Verify correction of noncompliance based on a review of updated data to determine if the program is correctly implementing the specific statutory or regulatory requirement(s).
3. Data verification/Service verification:
   a. Data Verification: A quality monitor (or other staff from Central Office) will review 10% of each SC's active case records with an IFSP; 1 active cases w/o IFSP; 1 inactive case ; and 1

tracking case. This occurs at least annually (Depending on the CAP/IP). The numbers above are the minimum number of each type of record that will be reviewed. Corrections must be made in a timely manner (in 30 days or less). When possible, data used to verify correction of noncompliance may be used as the annual data verification

b. Service Verification: The district coordinator will review the same active case records reviewed for the data verification to determine if the services are being implemented as specified on the current IFSP.

Training and Technical Assistance

Focused Monitoring 2008 (June 2008– May 2009): Districts most in need of assistance will be monitored instead of following a three year cycle. In FFY 2007, Districts I, VI, and IX had focused monitoring visits. In FFY 2008, focused monitoring will occur in Health Districts V, VII and one other district to be determined after the progress note data are available for the period between July 1, 2008 and December 31, 2008. All districts will be monitored within a six-year cycle.

1. Focus of Training and Technical Assistance:
    a. Empower district staff to analyze data, analyze the factors contributing to the data, and address the challenges.
    b. Provide technical assistance to support efforts to make necessary changes to address findings of noncompliance, professional concerns, and other challenges.
    c. Provide training and technical assistance on Infant/Toddler and Family Rights for staff, providers, and parent/guardians. This will involve covering both the rights and conflict resolution.
        i. Make service coordinators and parent advisors (and liaisons) proficient and comfortable with covering these rights,
        ii. Offer workshops offered for parents/guardians
        iii. Train and provide technical assistance for district coordinators
        iv. Increase awareness of the differences between Part C and Part B programs and how this impacts our families.
        v. Parents of children under 3 years of age who are determined to be eligible for Part B and Part C services will be informed of the following;
            (1) The differences between Part C and Part B services;
            (2) Their right to accept any of the following:
                (a) Part C services,
                (b) Part B services,
                (c) Both Part B and Part C services that coordinate in a manner that meets their child's unique needs and increases their family's ability to enhance their child's development,
            (3) Their right to decline some or all services under Part C. [Children's records will contain documentation to support that parents were fully informed of the options and chose the option being implemented.]
            (4) Parents will be fully aware of the differences between Part C and Part B services on or before the transition conference. Please refer to Indicator 8 activities for 2007.
        vi. Write procedures to address signed written complaints, mediation, and due process hearings.

* Technical Assistance and follow-up involves assistance at the level necessary to address the challenges. This often starts at the district level and involves small group and individual coaching and follow-up.

Activities to commence in FFY 2009 (2009-2010)

1. Evaluate the effectiveness of the above activities and make necessary changes. Utilize broad stakeholder input in this process.
2. Provide training and technical assistance :
    a. On improvement activities identified during the monitoring process;
    b. For new district staff and service providers. The majority of this training and technical assistance will occur within each health district with follow-up through embedded training, coaching, and mentoring on a continuous basis.
3. All health districts will submit self-reviews by May 30, 2009. The focused monitoring process in health districts II, IV, and VII will begin in July 2008

Activities to commence in FFY 2010 (2010-2011)

1. Evaluate the effectiveness of the above activities and make necessary changes. Utilize broad stakeholder input in this process.
2. Provide training and technical assistance :
    a. On improvement activities identified during the monitoring process;
    b. For new district staff and service providers. The majority of this training and technical assistance will occur within each health district with follow-up through embedded training, coaching, and mentoring on a continuous basis.
3. All health districts will submit self-reviews by May 30, 2010. The focused monitoring process in health districts I, VI and IX will begin in July 20010.

Resources for Activities

Please refer to the resources for Indicator 1, unless otherwise specified.

Mississippi's Part C State Performance Plan for 2005-2010

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:
Percent = (1.1(b) + 1.1(c)) divided by (1.1) times 100.

Overview of Issue/Description of System or Process:

When parents are given the Family Rights brochure, they are informed of their right to file complaints and are given the First Steps Central Office toll-free number. Complaints are received on both the local and state levels. Neither the manner in which the complaints are tracked or the forms used to record them are standard. There is not a process for the health districts to systematically report complaints received, action taken, and resolution of the complaint. The only exception is that they are to report to the First Steps Central Office any findings which cannot be resolved at the district level.

Baseline Data for FFY 2004 (2004-2005):

Signed written complaints received at the First Steps Central Office = 0

Signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances = N/A

Discussion of Baseline Data:

No signed written complaints have been received at the district or state level in three years. On the state level informal complaints have been handled by central office staff by either addressing the involved parties directly or by conducting a site visit. A main function of the quality monitors has been to investigate informal complaints. On the local level, the DC or DA has addressed complaints. A uniform formal method of documenting complaints needs to be developed for use at both the district and state levels. The database needs to be configured to capture information about signed written complaints.

FFY	Measurable and Rigorous Target for Indicator 10
2005 (2005-2006)	100% of signed written complaints with reports issued will be resolved within a 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
2006 (2006-2007)	100% of signed written complaints with reports issued will be resolved within a 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
2007 (2007-2008)	100% of signed written complaints with reports issued will be resolved within a 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
2008 (2008-2009)	100% of signed written complaints with reports issued will be resolved within a 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
2009 (2009-2010)	100% of signed written complaints with reports issued will be resolved within a 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

2010 (2010-2011)	100% of signed written complaints with reports issued will be resolved within a 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

Improvement Activities/Timelines/Resources:

Activities to commence in the second half of FFY 2005 (2005-2006)

1. Develop procedures to ensure that families, guardians, caregivers, providers, and others involved with the provision of early intervention services are knowledgeable and empowered to advocate for the rights of families of children in need of and eligible for early intervention services,
2. Develop communication notebooks, which include among other valuable information procedural safeguards in a user-friendly format; the MDH/EI toll free #; contact information for advocacy groups; forms for filing informal and signed written complaints, requesting mediation, and requesting due process hearings; and sample letters for documenting requests for changes in services, documentation, etc.
3. Training for
    a. Families on the process, procedures, and forms used to exercise rights and to get relief and remedy;
    b. District staff on the process, procedures, forms, and materials to teach families about exercising their rights;
    c. Providers on the process, procedures, forms, knowledge, and skills families need to exercise their rights;
    d. Advocacy groups and other stakeholders on the process, procedures, forms, and materials provided to families describing their rights and how to exercise them.
4. Explore the possibility of contracting with a Parent Advisor at the state level for monitoring, coordinating the Family Outcome activities, linking parents to advocacy groups, and training and technical assistance.
5. Configure the database to capture information about signed written complaints.
6. Create and distribute a single document for making informal complaints, written signed complaints, requests for mediation, and requests for due process hearings.
7. Please refer to the activities for Indicator 9 **to commence in the second half of FFY 2005.**

Activities to commence in FFY 2006 (2006-2007)

Please refer to the activities for Indicator 9.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for *2008 - 2009*

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	Procedural changes			
E	Develop procedures to ensure that families, guardians, caregivers, providers, and others involved with the provision of early intervention services are knowledgeable and empowered to advocate for the rights of families of children in need of and eligible for early intervention services	FFY 2006 through FFY 2010	C.O. staff	New in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
F	Develop communication notebooks,	FFY 2006	DCs	Revised in FFY 2006 to

	which include among other valuable information, procedural safeguards in a user-friendly format; the MDH/EI toll free #; contact information for advocacy groups; forms for filing informal and signed written complaints, requesting mediation, and requesting due process hearings; and sample letters for documenting requests for changes in services, documentation, etc.	through FFY 2010	SCs	be a district option
J	Create and distribute a single document for making informal complaints, written signed complaints, requests for mediation, and requests for due process hearings.	FFY 2005 through FFY 2010	Updating resources: C.O. staff Distribution: SCs	New in FFY 2006 Revised in FFY 2007 Continuing in FFY 2008
	Recruitment of staff			
F	Explore the possibility of contracting with a Parent Advisor at the state level for monitoring, coordinating the Family Outcome activities, linking parents to advocacy groups, and training and technical assistance.	FFY 2005	Part C Coordinator	Not completed
	Database changes			
A	Configure the database to capture information about signed written complaints.	FFY 2005 through FFY 2010	Data manage	Not completed on time Revised in FFY 2008
	Training for			
D	1. Families on the process, procedures, and forms used to exercise rights and to get relief and remedy;	FFY 2005 through FFY 2010	SCs, PTI, Parent advisors/ liaisons	Revised in FFY 2008
D	2. District staff on the process, procedures, forms, and materials to teach families about exercising their rights;	FFY 2005 through FFY 2010	C.O. staff	Revised in FFY 2008
D	3. Providers on the process, procedures, forms, knowledge, and skills families need to exercise their rights;	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continuing in FFY 2008
D	4. Advocacy groups and other stakeholders on the process, procedures, forms, and materials provided to families describing their rights and how to exercise them	FFY 2005 through FFY 2010	C.O. staff	Revised in FFY 2008

Explanations for activities revised in FFY 2007 and new activities in FFY 2008

Procedural changes: The I/T and Family Rights, Complaint Process form, Complaint form, Glossary, and Resource list were compiled into one document.

Database changes: We will make changes in the database to facilitate tracking signed written complaint and due process proceedings if necessary.

Training and technical Assistance

1. Our parent advisors will be providing technical assistance on transition that includes increased awareness of the need to empower our parents/guardians. Making parents aware of how they can

exercise their rights is a major component. Mississippi Protection and Advocacy has provided IEP checklist brochures and brochures about their services to provide to our parent/guardians.

2. The Mississippi Parent Training Institute (PTI) is conducting workshops across the state that are entitled "Basic Rights: 3Rs: Rights, Recordkeeping and Responsibilities." The PTI staff provides assistance to our parents.
3. In service provider training, emphasize that additional service provider's duties include assisting in the implementation of family outcomes and transition activities.
4. Collaborate with advocacy groups and other stakeholders regarding program improvement.
5. Focus of Training and Technical Assistance: Provide training and technical assistance on I/T and Family Rights for staff, providers, and parent/guardians. This will involve covering both the rights and conflict resolution.
    a. Make service coordinators and parent advisors (and liaisons) proficient and comfortable with covering these rights,
    b. Offer workshops offered for parents/guardians
    c. Train and provide technical assistance for district coordinators
    d. Increase awareness of the differences between Part C and Part B programs and how this impacts our families.
    e. Parents of children under 3 years of age who are determined to be eligible for Part B and Part C services will be informed of the following:
        (1) The differences between Part C and Part B services;
        (2) Their right to accept any of the following:
            (a) Part C services,
            (b) Part B services,
            (c) Both Part B and Part C services that coordinate in a manner that meets their child's unique needs and increases their family's ability to enhance their child's development,
        (3) Their right to decline some or all services under Part C. [Children's records will contain documentation to support that parents were fully informed of the options and chose the option being implemented.]

Parents will be fully aware of the differences between Part C and Part B services on or before the transition conference.

Activities to commence in FFY 2009 (2009-2010)

Please refer to the activities for Indicator 9

Activities to commence in FFY 2010 (2010-2011)

Please refer to the activities for Indicator 9

Resources for Activities

Please refer to the resources for Indicator 1, unless otherwise specified.

Mississippi's Part C State Performance Plan for 2005-2010

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = (3.2(a) + 3.2(b)) divided by (3.2) times 100.

Overview of Issue/Description of System or Process:

We need to put a process in place. There have been no due process hearing requests in the history of EI in Mississippi. This is likely due in part to the fact that the Family Rights two-page summary explained to parents/guardians describes a process for filing complaints but makes no reference to mediation or due process hearings. The section of the two page summary covering this content reads as follows:

> *"The right to disagree:* If you disagree with any of the recommendations made for your child or think he/she is not receiving the services needed, you have a right to voice your concerns. If you have a complaint to make, you can call your service coordinator or call the Mississippi Early Intervention Program at 1-800-451-3903.
>
> I, _____, parent(s) of_____ verify the above rights and procedures have been explained to me on this date, _____, and I understand if I have further questions or concerns I may call or write for explanation."

The Family Rights brochure given to the parents includes information about due process hearings but the content is not included in the documentation signed by the parent(s). The instructions in the Service Coordinator manual read as follow: "A copy of the detailed Family Rights pamphlet, including a glossary of terms, will be given to the parents, along with appropriate explanations of any of its concerns." Another possible explanation for successful resolution of informal complaints is the way choices have been offered to parents. The policy by and large has been that "Whatever parents want, parents get," whether the team agreed on the appropriateness of the request or it complied with regulations.

Baseline Data for FFY 2004 (2004-2005):

Due Process Hearing requests = 0

Discussion of Baseline Data:

There have been no due process hearing requests in the history of EI in Mississippi. It is uncertain what percent of parents or guardians know that they can request mediation or a due process hearing. The two page Family Rights handout which must be covered with the parent/guardian mentions complaints but not mediation or due process hearings. Also, the parents have the right to decline some EI services while accepting other EI services. Having this right to decline some EI services makes it less likely that disagreements will escalate to a due process hearing request. The FSIS database needs to be configured to capture information about due process hearings.

FFY	Measurable and Rigorous Target for Indicator 11
2005 **(2005-2006)**	**100%** of due process hearing requests will be fully adjudicated within the 30 day timeline.
2006 **(2006-2007)**	**100%** of due process hearing requests will be fully adjudicated within the 30 day timeline.
2007 **(2007-2008)**	**100%** of due process hearing requests will be fully adjudicated within the 30 day timeline.
2008 **(2008-2009)**	**100%** of due process hearing requests will be fully adjudicated within the 30 day timeline.
2009 **(2009-2010)**	**100%** of due process hearing requests will be fully adjudicated within the 30 day timeline.
2010 **(2010-2011)**	**100%** of due process hearing requests will be fully adjudicated within the 30 day timeline.

Improvement Activities/Timelines/Resources:

Activities to commence in the second half of 2005 (2005-2006)

1. Make arrangements to have
    a. Hearing officers available when needed; and
    b. Information regarding the forms and process available on the department's website and printed in the languages spoken by our clients' families.
2. Provide training for hearing officers, families, advocacy groups, district staff, First Steps Central Office staff and other stakeholders on Family Rights and Procedural Safeguards.
3. Please refer to the activities for Indicators 9 and 10.

Activities to commence in FFY 2006 (2006-2007)

Please refer to the activities for Indicator 9.

Activities to commence in FFY 2007 (2007-2008)

Please refer to the activities for Indicator 9.

Activities to commence in FFY 2008 (2008-2009)

Please refer to the activities for Indicator 9.

Activities to commence in FFY 2009 (2009-2010)

Please refer to the activities for Indicator 9

Activities to commence in FFY 2010 (2010-2011)

Please refer to the activities for Indicator 9.

Resources for Activities

Please refer to the resources for Indicator 1, unless otherwise specified.

Mississippi's Part C State Performance Plan for 2005-2010

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = 3.1(a) divided by (3.1) times 100.

Overview of Issue/Description of System or Process:

Not applicable for First Steps because Part B due process procedures have not been adopted by First Steps.

Mississippi's Part C State Performance Plan for 2005-2010

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 13: Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:
Percent = (2.1(a)(i) + 2.1(b)(i)) divided by (2.1) times 100.

Overview of Issue/Description of System or Process:

The First Steps Early Intervention Program Standards and Procedures, May 2001, describe a mediation process. The Family Rights brochure given to parents includes information about mediation, but the content is not included in the documentation explained to parents/guardians by the service coordinator.

Baseline Data for FFY 2004 (2004-2005):

Mediations = 0

Discussion of Baseline Data:

There have been no mediation requests in the history of EI in Mississippi. It is uncertain whether parents/guardians know that they can request mediation or a due process hearing. The two page Family Rights handout which must be covered with the parent/guardian mentions complaints but not mediation or due process hearings. Also, the parents have the right to decline some EI services while accepting other EI services. Having this right to decline some EI services makes it less likely that disagreements will escalate to a due process hearing request. The FSIS database needs to be configured to capture information about mediation.

FFY	Measurable and Rigorous Targets for Indicator 13:
2005 (2005-2006)	**Based on OSEP guidance, States should not set targets for Indicator 13 unless its baseline data reflect that it has received a minimum threshold of 10 mediation requests.**
2006 (2006-2007)	
2007 (2007-2008)	
2008 (2008-2009)	
2009 (2009-2010)	
2010 (2010-2011)	

Improvement Activities/Timelines/Resources:

Activities to commence in the second half of FFY 2005 (2005-2006)

4. Refer to Activity #2 in Indicator 9.
5. Make arrangements to have
    a. Trained mediators available when needed; and
    b. Information regarding the forms and process available on the department's website and printed in the languages spoken by our clients' families.
6. Provide training for mediators, families, advocacy groups, district staff, First Steps Central Office staff and other stakeholders on Family Rights and Procedural Safeguards.
7. Please refer to the activities for Indicators 9 and 10.

Activities to commence in FFY 2006 (2006-2007)

Please refer to the activities for Indicator 9.

Activities to commence in FFY 2007 (2007-2008)

Please refer to the activities for Indicator 9.

Activities to commence in FFY 2008 (2008-2009)

Please refer to the activities for Indicator 9.

Activities to commence in FFY 2009 (2009-2010)

Please refer to the activities for Indicator 9.

Activities to commence in FFY 2010 (2010-2011)

Please refer to the activities for Indicator 9.

Resources for Activities

Please refer to the resources for Indicator 1, unless otherwise specified.

Mississippi's Part C State Performance Plan for 2005-2010

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

State reported data, including 618 data, State Performance Plan, and Annual Performance Reports, are:

a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and

b. Accurate (describe mechanisms for ensuring accuracy).

Overview of Issue/Description of System or Process:

1. The validity and reliability of the other indicator measures are dependent on accurate data reported in a timely manner. When monthly reports are run, records with incomplete data and records with illogical combinations of dates are identified. Central Office staffs notify DCs and SCs of possible problems. Deadlines are set staff follow up to make sure corrections are made or plausible explanations are documented. A more systematic means of checking data accuracy has not been developed. However, new automated reports are available to C.O. staff and District Coordinators through FSIS.
2. In July 1, 2005, the process of transferring data to a centralized network system began. The server is housed at the C.O. Importing and exporting data are no longer required, nor can data be "lost" at the district level.
3. Districts I through VIII have transferred all data to the network system as of December 31, 2005. In District IX the delay in changing from the old data system to the network system is due to displaced workers, damaged offices, and lost equipment as a result of Hurricane Katrina.
4. Duplicate ID numbers for children has been an issue. Guidance about making up ID numbers has resulted in fewer duplicate numbers and fewer merged records.
5. Issues of accurate and timely entry of data are being addressed at the district level by policies and established deadlines. The state definition of timely emphasizes that data will be checked more than once monthly and should be as accurate and current as possible. Frequent data checks and audits have increased data are accuracy and timeliness.

Baseline Data for FFY 2004 (2004-2005):

1. State reported data, including 618 data, the State Performance Plan, Annual Performance Reports, and data related to the Improvement Plan are submitted to OSEP on or before due dates. The reports are based on the data reported by the districts and from information from monitoring visits.

2. With each monthly report being generated, the data appear to be more complete, in that fewer data fields are blank, there are fewer instances of illogical dates, and the total raw numbers continue to increase at an expected increment.

Discussion of Baseline Data:

1. Null reports are a tool available to district staff to use to flag missing data. Lack of time to devote to data entry or waiting for information from a provider were reasons frequently given for missing data.
2. Accuracy of data:
    a. Reviews of data falling outside of acceptable ranges suggest typing mistakes, problems with interpreting the meaning of data fields, as well as procedural errors in implementing the EI program.
    b. Because of the dynamic nature of data, all relevant data fields will never be entered for all 60+ Service Coordinators and thousands of cases at a single point in time. However, the data (especially percentages) do appear to be representative of the district data and state data as a whole.

FFY	Measurable and Rigorous Targets for Indicator 14:
2005 **(2005-2006)**	a. 100% of state reported data, including 618 data, State Performance Plan, and Annual Performance Reports will be submitted on or before due dates. b. 100% of state reported data, including 618 data, State Performance Plan, and Annual Performance Reports will be accurate.
2006 **(2006-2007)**	a. 100% of state reported data, including 618 data, State Performance Plan, and Annual Performance Reports will be submitted on or before due dates. b. 100% of state reported data, including 618 data, State Performance Plan, and Annual Performance Reports will be accurate.
2007 **(2007-2008)**	a. 100% of state reported data, including 618 data, State Performance Plan, and Annual Performance reports will be submitted on or before due dates. b. 100% of state reported data, including 618 data, State Performance Plan, and Annual Performance Reports will be accurate.
2008 **(2008-2009)**	a. 100% of state reported data, including 618 data, State Performance Plan, and Annual Performance Reports will be submitted on or before due dates. b. 100% of state reported data, including 618 data, State Performance Plan, and Annual Performance Reports will be accurate.
2009 **(2009-2010)**	a. 100% of state reported data, including 618 data, State Performance Plan, and Annual Performance Reports will be submitted on or before due dates. b. 100% of state reported data, including 618 data, State Performance Plan, and Annual Performance Reports will be accurate.
2010 **(2010-2011)**	a. 100% of state reported data, including 618 data, State Performance Plan, and Annual Performance Reports will be submitted on or before due dates. b. 100% of state reported data, including 618 data, State Performance Plan, and Annual Performance Reports will be accurate.

Improvement Activities/Timelines/Resources:

Activities to commence in the second half of 2005 (2005-2006)

1. Define "timely entry of data:" Timely entry of data will be the entry of data no later than 10 calendar days after the event occurs. Stakeholders recommended a weekly schedule for data entry by SCs responsible for each case. District personnel will make local procedures regarding schedules for data entry. When a deadline for a report is approaching, the District Coordinators will be responsible for ensuring that the report data are accurate.
2. A central referral system:
    a. All initial referrals will be sent to the Central Office.
    b. Central Office personnel will enter the referral information into the database.
    c. The database will assign a unique identifying # to each child.
    d. Central Office staff will notify the District Coordinator (DC) of the referral as soon as possible on the date the referral is received. Contact with the district will be documented on the referral form.
    e. The process used at the FS-CO will be monitored by both self-review within the FS-CO and by contract staff during unannounced monitoring visits.
3. The First Steps Information System (FSIS):
    a. When FS-CO staff members are in district offices, they will enter data and contact C.O. staff to check the state database for consistency. The staff member in the FS-CO will print out the entered information and the staff member in the district office will do the same. The samples will be compared for consistency.
    b. District personnel will print null reports and enter missing data at least once weekly.
    c. Central Office staff and the DC's will print district reports to check for missing data, 45-day timelines, timely provision of services, services within the natural environment, and justifications. Service Coordinators will be notified of questionable or missing data. Deadlines will be set for "clean up," with follow up before reports are finalized.
4. Methods of verifying accuracy of data at the district level:
    a. District Coordinators will be responsible for self-review using available reports and audits of records;
    b. Focused Monitoring: Systematic checking for data accuracy will be part of the focused monitoring visit to ensure that the data reported reflect the EI activity within the health district. This will occur during:
        i) Announced monitoring visits,
        ii) Unannounced monitoring visits, and
        iii) Follow-up on Improvement Plans.
5. Training on:
    a. Data entry;
    b. Self-assessment;

c. The focused monitoring process for districts and the monitoring team members; and

d. Service Coordination and EI procedures effecting data entry and reporting.

6. Central Office staff will continue to work with District IX:
   a. as they recreate their data, including data entry, when necessary;
   b. by assisting them in continually assessing their needs; and
   c. by providing man-power, if needed, to assist them as they rebuild the infrastructure of Early Intervention.

Activities to commence in 2006 (2006-2007)

Please refer to the activities for Indicators 1.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2008 (2008-2009):

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
A	1. Define "timely entry of data:" Timely entry of data will be the entry of data no later than 10 calendar days after the event occurs. Stakeholders recommended a weekly schedule for data entry by SCs responsible for each case.	FFY 2005 through FFY 2010	**District staff:** local procedures for data entry **DCs**: ensure that report data are accurate	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
A, F	2. A central referral system:	FFY 2005 through FFY 2010	**Referrals:-** All referral sources **Entry:** C.O. staff **Awareness:** C.O. staff & district staff	New in FFY 2006 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
A, B	3. Methods of verifying accuracy of data at the district level: ▪ Data Verification (FFY 2007) ▪ Service Verification (FFY 2008)	FFY 2005 through FFY 2010	**Data Verification:** C.O. staff **Service Verification:** DCs	New in FFY 2007 Revised in FFY 2008
A	4. Add fields for all necessary justifications and make input user-friendly	FFY 2006 through FFY 2010	Data manager	New in FFY 2007 Revised in FFY 2008
A	5. Make improvements to database to facilitate data input, retrieval, and review.	FFY 2008	Data manager	New in FFY 2008
	Technical Assistance			
A, C	1. Data entry;	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2006 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
C	2. Self-assessment;	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2006 Continued in FFY 2006 Continued in FFY 2007

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
				Continuing in FFY 2008
C	3.The focused monitoring process for districts and the monitoring team members; and	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2006 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
C	4. Service coordination and EI procedures effecting data entry and reporting	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2006 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
A, D	5. Central office staff worked with to District IX staff to rebuild after Hurricane Katrina.	FFY 2005	C.O. staff	Completed in FFY 2006
A, B, D	6. Conduct follow-up through phone calls, emails, data verification checks, and monitoring to ensure child data are accurate	FFY 2007 through FFY 2010	C.O. staff	New in FFY 2007 Continuing in FFY 2008
A, B,	7. Improve the reports available to the district staff to check data	FFY 2007 through FFY 2010	Data manager	New in FFY 2007 Continuing in FFY 2008
A, B, D	8. Provide technical assistance to database users	FFY 2007 through FFY 2010	Data manager and other C.O. staff	New in FFY 2007 Continuing in FFY 2008

Explanations for activities revised in FFY 2007 and new activities in FFY 2008

Changes to the database (FSIS) include the following:

1. Enhancing the format to make it much more user-friendly
2. Adding fields for email addresses, cell phone numbers, child outcomes data, and additional information
3. Adding fields for all necessary justifications and locating these justifications with related database information (e.g., the justifications associated with services are on the provider tab)
4. Regrouping information so that related information is under the same tab
5. Creating reports that will facilitate review of information by service coordinators, district coordinators, and central office staff (These reports will facilitate identifying records that need attention)
6. A data user manual will be developed once the major changes are complete

Data verification/Service verification:

Data Verification: A quality monitor (or other staff from Central Office) will review 10% of each SC's active case records with an IFSP; 1 active cases w/o IFSP; 1 inactive case; and 1 tracking case. This occurs at least annually (Depending on the CAP/IP). The numbers above are the minimum number of each type of record that will be reviewed. Corrections must be made in a timely manner (in 30 days or less). When possible, data used to verify correction of noncompliance may be used as the annual data verification.

Service Verification: The district coordinator will review the same active case records reviewed for the data verification to determine if the services are being implemented as specified on the current IFSP.

Activities to commence in FFY 2009 (2009- 2010)

1. Conduct follow-up through phone calls, emails, data verification checks, and monitoring to ensure child data are accurate

2. Improve the reports available to the district staff to check data

3. Provide technical assistance to database users.

Activities to commence in FFY 2010 (2010-2011)

1. Conduct follow-up through phone calls, emails, data verification checks, and monitoring to ensure child data are accurate

2. Improve the reports available to the district staff to check data

3. Provide technical assistance to database users.

Resources for Activities

Please refer to the resources for Indicator 1, unless otherwise specified.

Part C – SPP Attachment 1

Report of Dispute Resolution Under Part C of the Individuals with Disabilities Education Act

Complaints, Mediations, Resolution Sessions, and Due Process Hearings

SECTION A: Signed, written complaints	
(1) Signed, written complaints total	0
(1.1) Complaints with reports issued	0
(a) Reports with findings	0
(b) Reports within timeline	0
(c) Reports within extended timelines	0
(1.2) Complaints withdrawn or dismissed	0
(1.3) Complaints pending	0
(a) Complaints pending a due process hearing	0
SECTION B: Mediation requests	
(2) Mediation requests total	0
(2.1) Mediations	
(a) Mediations related to due process	0
(i) Mediation agreements	0
(b) Mediations not related to due process	0
(i) Mediation agreements	0
(2.2) Mediations not held (including pending)	0
SECTION C: Hearing requests	
(3) Hearing requests total	0
(3.1) Resolution sessions	0
(a) Settlement agreements	0
(3.2) Hearings (fully adjudicated)	0
(a) Decisions within 30-day timeline	0
(b) Decisions within extended timeline	0
(3.3) Resolved without a hearing	0